

Chicago Medical Review

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PROSPECTIVE IRREGULAR PRACTITIONERS AND THE MEDICAL SCHOOLS.—An important question was raised at the last meeting of the American Medical Association in regard to the subject of the graduation of students intending to practice irregularly. After much discussion the Association passed the following stringent resolution: "It is not in accord with the interest of the public or the honor of the profession that any physician or medical teacher should examine or sign certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons who, they have good reason to believe, intend to support and practice any exclusive and irregular system of medicine." For this action the Association has been very much criticised, and whether such criticism is desired is a question not so easily settled. If the Association desired to crush out the irregular practitioners by this procedure, it must have known that such an attempt would be a failure, and a failure tending to lessen its dignity. The great reason why irregular systems of medicine have obtained such a hold on the popular mind is, apart from human credulity and mysticism, the so-called persecutions to which they have been subjected. There is a liberalistic cant very prevalent, and to this they have appealed with success, conse-

quently the crushing out process would be a failure, and a failure likely to add increased power to the irregular system. If, however, the Association simply desired to enter a protest against what was wrong, it is entitled to all due respect, however absurd such a resolution might be. However, there are other matters of far more importance in the education of medical men which are much greater evils than the one against which the Association has given its testimony, but on not a single question of this kind has the Association taken a decided stand, and the present action looks decidedly like cant, and like the cant of those who are willing to persecute the unorthodox to show their own morality. Turning from the Association to the subject of dispute itself, the question naturally arises, is this such a great evil? Education is the favorite panacea for the general evils of the community, and is often prescribed to elevate the standard of the profession. According to this doctrine, the education received by the irregular student, at the regular colleges, should tend to elevate him, and he who denies this education deprives a sinner of a chance of amendment. It may be safely asserted that any irregular practitioner in posse being a student at a regular college, could, if he so desired, compel the faculty of most medical colleges to

grant him a diploma, unless something against his moral character, or his abilities, could be shown. This being the state of affairs, the resolution quoted places the professors in a sad quandary, and is consequently worse than useless. That the public would profit by the irregular physicians being better educated cannot be denied, but that this would give a certain tone and dignity to this class of practitioners which would enable them to combat still better the regular profession, is also true. To solve the question as to the influence of education on the growth of the irregular schools, the only thing that can be appealed to is facts directly bearing on this question, and fortunately these are not wanting. The University of Vienna, at one time, stimulated by public clamor, appointed a professor of homœopathy; the contrast between his teachings and those of his scientific colleagues was so great that he was left with but few students, and his professorship was in consequence soon abolished. This being the case, the teaching of irregular systems of medicine side by side with regular systems cannot fail to injure the former. The resolution of the Association is consequently objectionable; First, because it is cant. Second, because it places many physicians under duress from preexisting legal enactments. Third, because it would not accomplish its object, and is calculated to render the profession ridiculous. Finally, because the evil it is intended to prevent is not an absolute evil, but one from which good results may follow.

SHALL PHYSIOLOGY BE TAUGHT IN THE PUBLIC SCHOOLS?—This is emphatically the age of cram. From the backwoods "college" to the city "university," the great study is how to add to the extent of the curriculum. The numerous, much taught, and little educated victims, of the Bradley Headstones ruling these institutions, which are yearly poured forth on the world, would, it might be thought, be a sufficiently strong argument against any additional burdens

on weak cerebral organizations. It is astonishing, therefore, to find medical journals defending this system of cram. Occasionally a physician is sensible enough to enter a protest against this system, but he thereby arouses much antagonism, more especially if the criticism made by him be passed on some semi-medical study. Recently Dr. William A. Hammond saw fit, and for what were evidently good reasons, to condemn the study of physiology in the public schools, whereupon the Mississippi Valley Medical Monthly demolishes that gentleman by accusing him of an attempt at self advertisement. It reasons that by teaching physiology in the schools, people will take better care of their health, by knowing something of the functions of the body they will be less liable to infringe on sanitary laws, etc., etc. Finally it disputes Dr. Hammond's assertion that increase in studies leads to increased nervous disease. Were the average mind to learn through book teaching, and not through actual experience, some good might result from the teaching of physiology. The average scholar does not learn English grammar, although that subject is conspicuously taught. He may repeat glibly its rules, but as for applying them, that is another matter, and so it would be with physiology, more especially as the individual who taught it would have, as a rule, learned it only to teach again, and not through any interest in the matter. There is another aspect of the subject which does not seem to have impressed itself on the Mississippi Valley Medical Monthly. Physiology would be taught, as a rule, at a period when the sexual passion was in course of development, a period when it requires repression, rather than stimulation, and physiology, if fully taught, contains much calculated to stimulate it, while if not fully taught, enough is given to stimulate a curiosity, which is gratified from the most objectionable sources. Better complete ignorance than this state of things. The great aim of modern education is not acquisition of

knowledge but success, as measured by the school standard of honors. The resulting struggle for these is of the same kind, and as fierce as the struggle for wealth. The latter is admitted to be a cause of nervous disease, and the former cannot fail to be an equally potent cause when the susceptible nature of the material it works on is considered. Looking at this question from these stand points, it is obvious that the school course of study is already overloaded. It should include only the essential branches of an English education, and physiology is certainly not one of these positively essential branches.

QUININOPHOBIA.—The New York Medical Record has suddenly discovered that enormous quantities of quinine are used rather recklessly and unadvisedly by the populace. A maliciously inclined critic might infer that the editor of the Record, or someone of his friends, is "short" on quinine, and desires to "bear" the market by creating a quinine scare. A large quantity of quinine may be used recklessly by the public generally, still quinine will do less harm and more good than the cathartics and other curealls at one time fashionable. While there is a general tendency to sneer at the existence of "malaria," there is but little doubt that the unknown entity designated by that name is much more prevalent in many places, and particularly in New York City, than formerly. The Record's remarks were therefore uncalled for, and calculated to do harm, more especially as they have stimulated one physician to write a long screed to the Chicago daily papers on the subject. This letter writing has not the pleasantest aspect from an ethical standpoint, but in addition it is likely to do harm through leading the public to look on a very useful remedy with suspicion. The average human being takes things very literally, and when he is told that quinine under conditions causes cerebral congestion, he ignores the certain conditions and accepts as a fact

that quinine causes cerebral congestion, and looks on his physician with suspicion if the latter prescribe that drug. The physician who wrote the letter in a late number of the Chicago Tribune will undoubtedly cause much evil through thus posing as an instructor of the public. While it is of course the duty of the Medical Record to discuss every topic of interest to the profession, this might be done in a manner less unpleasantly calculated to create suspicions of a design on the drug market.

CHARBON.—An article of great importance as regards the facts contained therein, was read by Pasteur at the meeting of the French Academy of Sciences, February 28. It consists of researches on the preventive vaccination against charbon, made with the assistance of Chamberland and Roux. The indefatigable investigators succeeded in attenuating the virulence of the bacillus anthracis in the following manner. Sporification of the parasite can be prevented by subjecting it in cultivating fluids to the extremes of temperature compatible with its existence. At either 16°C or 42 to 43°C, the bacillus will thrive in chicken broth, but will form only irregularly shaped filaments, which do not furnish spores. If kept at the higher temperature, the parasite will die rather suddenly at the end of about one month, while but one day previously, its vitality could still be manifested by successful inoculation of fresh fluids. But the virulence of the parasite is lost much earlier. After eight days of cultivation, at the temperature of 42°C, it can be injected into animals without result. Once rendered harmless, the terrible bacillus can be maintained permanently in its inoffensive condition by continued cultivation in fresh fluids at the ordinary favorable temperature. Before the virulence is wholly lost, it disappears by degrees, so that parasites of different degrees of malignity can be obtained. In inoculating guinea-pigs, rabbits and sheep with these feeblar bacilli, they were rendered immune against the intense

form of the disease. Pasteur expects to extend his researches at an early date to cattle and horses. When the parasite has once been enfeebled by this method it can regain its former virulence by means of the following method: While it is now harmless when introduced into the body of adult guinea-pigs, simply giving them immunity, strangely enough it is still fatal to the newly-born animal. By cultivating some generations of the same parasite in the bodies of newly-born guinea-pigs and transplanting them gradually into older animals, the bacillus regains its original nature and malignity, and will finally produce the fatal charbon in any animal inoculated with it. An interesting analogy exists in the case of the chicken cholera virus. If this parasite has been transformed into the harmless vaccination variety by the methods of Pasteur, it is harmless only to the chicken, but still fatal to smaller birds. On inoculating a series of such birds, the virus regains its malignity even for the chicken.

TANNATE OF QUININE IN PERTUSSIS.—Murrell (London Medical Record) has been pursuing the tannate of quinine treatment of whooping cough, using the proportions found useful by Binz; a grain and a half twice a day for each year of the patient's age. The tannate of quinine, Murrell claims, is an exceedingly uncertain preparation, often varying in the proportion of quinine from ten to twenty-five per cent. He claims that quinine acts slowly but certainly in the treatment of pertussis.

GLYCERINE IN HÆMORRHOIDS.—Dr. W. R. Spiers (London Lancet) reports the case of a patient who had suffered from hæmorrhoids for twenty-seven years. He was at length completely relieved of them by the persistent use of glycerine in drachm doses twice daily. The rationale of the action of the glycerine it is difficult to even surmise, and the recovery might have been only a mere coincidence, such as frequently happens in dealing with somewhat complicated therapeutical questions.

MINNESOTA STATE MEDICAL SOCIETY.—Owing to the non-receipt of the proceedings from the reporter, the account of the last meeting of this society will not appear until July 20. The delay is regretted, but under the circumstances was unavoidable.

A NEW EMMENAGOGUE.—The Philadelphia Medical Times, June 18, 1881, quotes a letter from Dr. C. H. Mastin, of Mobile, which describes the emmenagogue and abortifacient virtues of the Polypodium incanum a plant largely used by the negroes in the interior of Alabama. While testimony of this kind is always suspicious, still extended examination of the plant cannot fail to be of some advantage.

HOANG NAN AND LEPROSY.—Dr. Piffard (New York Medical Record, June 25, 1881,) reports a case of leprosy so far benefitted by hoang nan that he is able to labor at the oar as a bargeman. While the effect of the remedy is interesting, the idea of associating a patient with a disease which has the reputation of being contagious, according to some authorities well qualified to speak with authority, with numerous other people not kept under any watch or guard does not appear to be a very judicious one.

OPIOPHAGISM.—Dr. H. H. Kane (Medical and Surgical Reporter, June 11, 1881,) claims that chloride of gold and sodium is an excellent adjuvant to the ordinary treatment of opium eating. He believes rather in the rapid reduction method than the sudden withdrawal. Dr. Kane's opinions are deserving of consideration on account of his extended experience, and it is worthy of note that he uses hyoscyamus largely, and hyoscyamus has formed the basis of certain secret, but very successful preparations used by charlatans. The gold and sodium salt is not, however, rendered useless by hyoscyamus, but may very conveniently, as has been pointed out by Dr. Kane, be added to the treatment by that drug. The chloride of gold and sodium is of course a very expensive article.

A NEW PHASE OF DIPLOMA VENDING.—Buchanan's peculiar commercial methods appear to have been much extended by other quacks. He sold diplomas only, but these latter-day imitators sell diplomas, physicians' names and practices to a very great extent. According to information recently gathered by the daily press, the practice has pretty generally obtained, among the advertising quacks, so numerous in all large cities, of establishing a practice of selling their name and good will, and then retiring to repeat the operation elsewhere. According to one of these charlatans, hardly one of these advertising quacks practice under their own names, but under the name of some one from whom they have bought the "business." The recent exposé of this practice should certainly yield a means of reaching and punishing this most despicable class of irregular practitioners.

MEDICAL ECONOMY.—Two rival practitioners in a neighboring village have an effective and novel way of satisfying the public with their charges. Dr. B. presents to his patient a bill of twenty-five dollars for reducing a simple luxation at the shoulder joint. The patient objects, and threatens to consult Dr. A., the rival, on the propriety of such an extortionate charge. Dr. B. says, "A. is such a scoundrel that he is liable to say what he thinks would be to his own advantage. He is an excellent doctor, and is always loyal to the public, but in his professional relations is a regular pirate. I desire you to understand that I am entirely able to make and sustain my own charges, and that I shall give no heed to what he may say." Dr. A., upon seeing the bill and hearing the patient's explanation, puts it indignantly into his pocket with a savage biblical comment about the professional rascality of Dr. B., at the same time remarking that B., while a rascal in his relations with other practitioners, is, for some strange reason, a skillful doctor. Then he enters upon a most blasphemous tirade against him, say-

ing that for making such an outrageous bill, he will, by means of this documentary evidence, have him expelled from the State Society; that he thinks of leaving that town because of the professional villainy of Dr. B. He calls him a score of hard names, and gives emphasis to the attack by the free use of adjectives and other parts of speech, quoted directly from the unrevised Scripture, and when he is out of breath from much savage abuse of his rival, the patient, frightened all out of his senses, meekly inquires what would, in A.'s opinion, be a proper charge for such an operation, when A. turns furiously upon him and says: "You are an idiot, Sir! It ought to be at least fifty dollars. Such a scoundrel as Dr. B., makes it impossible for a respectable physician like myself to live in this cramped up little town." Exit B.'s patient, sharply followed by A.'s dog. It is said that each of these gentlemen keeps the other constantly informed of the names of his dissatisfied patients.

THE CATHETER IN MEMBRANOUS CROUP.—Dr. J. W. Paton (British Medical Journal) reports a case in which a number eleven gum catheter was used in lieu of tracheotomy, with good results. The catheter was readily passed through the larynx into the trachea, resulting in increased symptoms of suffocation, which, however, were soon relieved. On their reappearance a number twelve catheter was passed and kept in for forty-eight hours. The child finally recovered. The procedure certainly seems one that is practicable, although it is not entirely destitute of danger.

ATROPINE IN URTICARIA.—Dr. Catrin (Bulletin Général de Thérapeutique Médicale et Chirurgicale, April 30, 1881,) reports three cases in which the use of atropine in urticaria was attended by prompt success. The use of atropine certainly seems to be indicated, in this affection, by the vasomotor condition which is its cause. Urticaria as a symptom is most frequent in vasomotor nervous affections.

MICRO-ORGANISMS IN SURGERY.—Dr. Ogston (*British Medical Journal*, March 12, 1881,) reports some very thorough original researches on this subject. The first of these were made on the pus of abscesses unopened prior to the researches. The pus was examined according to Koch's method. In thirteen typical chronic cold abscesses no micro-organisms were found. This pus, even if placed in cultivating solutions, remained free from organisms, and when injected under the skin was absorbed without any ill effects. In acute and sub-acute abscesses, micrococci of from one seven fiftieth to one fourteen hundredth of a millimeter in size were found. These organisms were usually collected in chains, rarely in groups, and these forms were maintained on the organism, being propagated in cultivating solutions. The number of micrococci in each cubic millimeter was found to vary between the extreme limits of nine hundred, and forty five million. In a few instances forms of bacteria were found. In every instance in which from one to three minims of pus containing micrococci was subcutaneously injected, symptoms of blood poisoning occurred lasting from two to five days. The animals employed were guinea-pigs and mice: these, according to the laws of the country, which permits vivisection to be indulged in in the name of sport but prohibits it in the name of science, were chloroformed for a hypodermic injection. The animals refused food, became apathetic and were attacked by purulent conjunctivitis, but recovered in about a week; during that time micrococci were found in their blood. The spot where the injection had been performed, subsequently became the seat of an abscess. Its pus contained large numbers of the same form of micrococcus as that injected, which proved as infectious as those of the injected pus. After full recovery the walls of the abscess alone contained micrococci. In a few instances the animal died from blood poisoning. An admixture of a five per cent. solution of carbolic acid, or a temperature of 130° F. destroyed the organ-

isms. These results were fully confirmed by an extensive examination of various wounds and have led to the following conclusions: Suppurating wounds contain micrococci whose number and activity are in proportion to the intensity of suppuration. Listerian dressings prevent micro-organisms from gaining access to wounds. Micrococci in wounds withstand all antiseptic appliances except strong solutions of chloride of zinc and strong friction with a five per cent. carbolic acid solution. Where no micrococci are present in wounds, no pus is produced, except in chronic suppuration. Micrococci produce the same varying effects in man as in animals, they may produce blood poisoning without suppuration, they may cause suppuration or they may be resisted, though there are micrococci which do not produce suppuration. While the pus of acute abscess gave uniform results on innoculating animals, the discharges from wounds did not, as the parasite lives best when not exposed to oxygen which, of course, has access to wounds. The organism would not grow in all cultivating solutions. Ogston, after injection of pus into egg albumen, observed a rapid multiplication of the micrococci therein, which albumen was as infectious as the original pus. These researches serve to corroborate and enhance the value of those of Pasteur.

ECLAMPSIA.—Masino (*Lo Sperimentale*) has arrived at certain conclusions which, while not entirely new, contain a fair résumé of existing knowledge on the subject. He claims, first, that the pathogeny of eclampsia is still obscure, but that clinical observation is in accord with experimental physiology in demonstrating that the seat of this disease is in the medulla oblongata. Second, that the nature of these unknown alterations, whether they are of a toxic character or the results of reflex irritation, has yet not been settled. Third, the existence of sugar in the urine of eclamptic patients may indicate a bio-

chemical change in the medulla oblongata but has no pathogenic value. Fourth, there seems to be a relation between the existence of sugar and the eclamptic attacks, the glycosuria ceasing on their cessation. Fifth, the urine of eclamptics does not always contain albumen, nor is anasarca always present. Sixth, temperature has no essential relations with it. Seventh, the temperature, however, does not always remain the same, sometimes it rises a few hours before an eclamptic seizure, but generally returns to normal. Eighth, the continued existence of a high temperature indicates the existence of a complication of the eclampsia. From these conclusions, Massini draws the following indications for treatment. First, the two best indications for symptomatic treatment are to combat passive congestion and diminish nervous excitability. Second, the methods of procedure most capable of fulfilling these indications are, in the first case, blood-letting, in the second, chloroform and chloral hydrate. It might well be asked whether the blood-letting did not act on the nervous system directly.

ANTISEPTICISM IN CRANIAL SURGERY.—Dr. Gerald F. Yeo (*British Medical Journal*, May 14, 1881), in a preliminary note, discusses the following questions in regard to antisepticism in its application to cranio-cerebral surgery. First: Is the inflammation, which very constantly follows exposure of the cranial contents, caused by septic agencies, and can it be prevented by their exclusion? Or, can other causes be assigned for this inflammation, such as a so-called general infection? Second: What is the effect of a strong, one to twenty, carbolic acid solution on the meninges. The experiments were made by the doctor on twenty-five animals. Of these four died from causes foreign to the subject of enquiry; twenty-one lived long enough to develop inflammation. Of these, twenty were treated antiseptically, and were cured without inflammation of the meninges, and the remaining one died with intense encephalitis. The

animals operated on were monkeys, as being most like man in their behavior under chloroform and ether. The results of these experiments contrast markedly with those of Ferrier, Munk, Luciani and Tamburini, which were performed without antiseptic precautions, and the majority of the subjects perished from encephalitis. These experiments seem to open up a future of much promise in cranial surgery.

CHLORHYDRATE OF MORPHIA IN INSANITY.—Voisin (*Bulletin Général de Thérapeutique Médicale et Chirurgicale*, May 13, 1881,) claims to have secured very good results from the treatment of various psychoses, principally, however, cases of melancholia and allied conditions, with hypodermic injections of morphia chlorhydrate. While his opinions and his cases are certainly such as command belief, still his enthusiasm is likely to lead to bad results from encouraging the use of morphia in hysterical conditions which are easily converted into cases of melancholia for the purpose of experiment by physicians.

DEATH FROM THE SPRAY.—Dr. Gould at a recent meeting of the Chemical Society of London (*Medical Press and Circular*) reported a case where death occurred apparently from some irritant poison the patient being a rickety boy who was having osteotomy of the tibia performed. The patient died thirty-six and three-quarter hours after the operation. The symptoms in some respects resembled carbolic acid poisoning and were charged by Dr. Gould to the use of the spray. Lister, who was at the meeting, agreed with Dr. Gould, and stated carbolic acid was too powerful to be used on delicate subjects. He recommended eucalyptus one part, paraffin three parts, dammar gum three parts. While the case is not as clear as might be desired, still the recommendation of eucalyptus deserves some attention as coming from the founder and apostle of Listerism who has so enthusiastically praised carbolic acid.

RELATION BETWEEN THE MYDRIATICS.

—The principal mydriatics are yielded by the solanaceous plants. Ladenburg (Chemische Zeitung No. 9, 1881,) has recently been examining into their mutual relations, and claims that they are isomeric. Atropia $C_{17}H_{23}NO_3$ is found in Atropia belladonna and Datura stramonium and is separable into tropic acid ($C_9H_{10}O_2$) and tropina ($C_8H_{15}NO$). Hyoscyamia ($C_{17}H_{23}NO_3$) is found in Atropia belladonna, Datura stramonium, Hyoscyamus niger and Duboisia myaporoidea and is separable into tropic acid and tropina. Hyosine ($C_{17}H_{23}NO_3$) is present in Hyoscyamus niger and is separable into tropic acid and pseudotropina ($C_8H_{15}NO$). Ladenburg further claims to have demonstrated that duboisine and hyoscyamine are identical and to have proven that daturia is composed of a mixture of atropia and hyoscyamia. While these chemical relationships do not entail identical therapeutical qualities, still it would be rather interesting to find that the comparatively costly alkaloid duboisine might be made by the mixture of two such cheap alkaloids as atropia and hyoscyamia.

THE AMERICAN NATURALIST for July, 1881, contains an able paper by Professor T. J. Burrill, on "Bacteria as a Cause of Disease in Plants." Prof. Burrill shows that "blight" in pear and apple trees, and "yellows" of the peach, are caused by bacteria. The starch cells of the plants were found to contain multitudes of these low organisms, but the cell walls were uninjured, leading the author to the conclusion that entrance was effected by germs, extremely minute in size, as water passed freely through the cell wall. The "Origin and Descent of the Human Brain" is the title of the leading article in this month's number; this being a paper read by Dr. S. V. Clevenger, of this city, before the Chicago Academy of Sciences, February 8, 1881. Dr. Clevenger amplifies the views he brought forward at the Boston meeting of the American Association for the Ad-

vancement of Science, last August, in claiming that the amphioxus (the lowest vertebrate) has no brain, but only spinal nerves. Next in the scale of development the lamprey appears with intumescences on the afferent nerves at the head end. These, by courtesy, are known as the brain, but resemble the swellings on the sensory nerves of mammals. In higher animal life some of these tubercles, or lobes, fuse together to form a cerebellum, others are atrophied into a mammillary eminence, or pushed out of place as the olivary body or the optic lobes in birds, and hypoavia of fishes. The cerebrum was originally an intervertebral ganglion, and by extra development in some animals, covers all the other lobes of the encephalon. An excellent article by Dr. E. D. Cope, "On the Effect of Impacts and Strains on the Feet of Mammalia," appears in this issue, characteristically recondite and conclusive. A full periscope of scientific literature, botany, zoology, entomology, anthropology, geology, palæontology, geography, microscopy, and selected articles from scientific serials then concludes the number.

ELIXIR OF SALICYLIC ACID.—Dr. Wolff (American Journal of Pharmacy, April, 1881,) gives the following formula for an elixir of salicylic acid, which he claims obviates many of the depressing effects of the drug. While his claims in this respect may be somewhat too strongly put, there is but little doubt that the formula given is an agreeable method of exhibiting the drug. The formula of Dr. Wolff requires the solution of one part of salicylic acid in six parts by measure, of alcohol, to which is added simple elixir or elixir of cacao in sufficient quantities to make forty-eight parts. The dose is a tablespoonful, containing about five grains of salicylic acid, the taste of which is well disguised. The elixir should, for obvious reasons, not be given with water. It has been used in variola and other allied diseases with good results, and is certainly an agreeable means of giving the drug.

AN HISTORICAL CASE OF HYSTERIA.—The case of Mary Chase described by John Eliot in 1632, was laid before Dr. O. W. Holmes for diagnosis. The history of the case, as given by Eliot, was as follows: "Mary Chase, the wife of William Chase, had a paralytic humor which fell into her backbone, so that she could not stir her body but as she was lifted, and filled her with great torture, and caused her back to goe out of joint, and bunch out from ye beginning to the end; with which infirmity she lay four years and a half, and a great part part of the time a sad spectacle of misery. But it pleased God to raise her again, and she bore children after it." Dr. Holmes returned a diagnosis couched in the following terms: "I do not want to say anything against Mary Chase, but I suspect that, getting nervous, and tired, and hysteric, she got into bed, which she found rather agreeable after too much housework, and perhaps too much going to meeting, liked it better and better, curled herself up into a bunch which made her look as if her back was really distorted, found she was cosseted, and posseted, and prayed over and made much of, and so lay quiet until a false paralysis caught hold of her legs and held her there. If some one had 'hollered' fire! it is not unlikely that she would have jumped out of bed, as many other such paralytics have done under such circumstances. She probably could have moved enough if any one could have made her believe that she had the power of doing it. Possumus quia posse videmur. She had played possum so long that at last it became non possum."

THE TRI-COUNTY MEDICAL SOCIETY will meet in semi-annual session at Danville, Illinois, at 10 A. M. Tuesday, July 12, 1881. The following committees will report: Surgery: Drs. Jones, Danville; Brown, Milford; Pierce, Onarga. Practice of Medicine, Drs. Jewett, Watseka; McCaughey, Hoopeston; Woodward, Milford. Obstetrics, Drs. Pitwood, Watseka; Cambell,

Paxton. Gynæcology, Drs. Wenger, Gilman; Dudley, Chicago; Pierce, Hoopeston. New Remedies, Drs. Boue, Loda; Livingston, Rossville. Nervous and Mental Diseases, Drs. Rankin, Loda; Crane, Paxton. Diphtheria, Drs. Wiley, Gibson; Minton, Wellington. Miscellaneous, Dr. Wylie, Paxton. Necrology, Dr. Smith, Danforth. The Vermilion County Medical Society will hold its meeting conjointly with the Tri-County, on the above date. A large attendance and interesting session is anticipated on this occasion.

RHUS AROMATICA IN ENURESIS.—This drug has been strongly recommended recently for enuresis and hæmorrhages. It contains an oleo-resin, to which its action in enuresis is due, and to its large proportion of gallo-tannic acid its therapeutic action in hæmorrhage is undoubtedly owing. While these chemical constituents would account for all its alleged virtues, still these latter require some further investigation. This opinion is still further confirmed when the great variation between the maximal and minimal dose of all its preparations is recollected when prescribing.

COLOCYNTH IN FLATULENT COLIC.—Dr. Lowry (Louisville Medical News, June 18, 1881) has found that one drop doses of tincture of colocynth every ten minutes for an hour, and hourly afterwards, is a prompt remedy for colic. As it is not stated how many hours the remedy is to be continued, the promptness is somewhat of a problematical nature. The News states the remedy was proposed by Hahnemann and indicates that some germs of truth were at the root of his homœopathic fungus. As Hahnemann deliberately took without credit many of his ideas from Störck and other scientific physicians, it is probable some things of value were appropriated by him. But the colocynth idea requires a little more explanation before the great honor that is due Hahnemann for it can be perceived by an average observer.

THE DENTISTRY LAW.—With the relatively great success achieved by the present medical practice law, a law regulating the practice of dentistry, followed as a matter of course. The law states that persons practicing dentistry for ten years prior to removal into this State, shall be allowed to practice dentistry. This, like the ten year clause of the medical practice act, is the greatest defect in the bill, but many such clauses have often to be submitted to in an act intended as an entering wedge, more especially as they can be subsequently amended, while their absence from the original bill would arouse prejudice and lead to its defeat. The bill will prevent many scandalous occurrences, which have recently been the subject of much discussion in the daily press.

HYPODERMIC USE OF WATER IN HYSTERIA.—Seeligmüller has tried (*Centralblatt für Gynäkologie*, No. 3, 1881,) the method, adopted by Dumontpallier and other authors, of treating neuralgic and rheumatismal pain by hypodermic injections of water or simple acupuncture, and has had some remarkable results by it, particularly in *clavus hystericus*. He slightly carbolizes the water. After all, the mental influence is what produces these effects and not the "transfer" phenomenon to which Seeligmüller seems disposed to ascribe them.

IODINE IN MALIGNANT PUSTULE.—Chipault (*L'Union Médicale*, May 24, 1881) claims to have secured good results in the treatment of malignant pustule with hypodermic injections of iodine, by means of a Pravaz syringe. The pustule is circumscribed by the injections, from four to ten of which are made every morning and evening, iodine being internally administered at the same time. The solution to be injected is one part iodine to two hundred and fifty of the menstruum. The antiseptic influence of iodine is no doubt the quality that renders it of value here, and this quality will be of advantage in allied diseases.

THE NEW YORK Herald recently contained the following advertisement: "A physician having two medical diplomas will sell one on liberal terms. Address Allopathy, Herald uptown office."

EQUINIA.—To the use of this name as a cognomen for the disease described in an original communication in the last number of the Review, there exists the objection that it tends to create confusion, inasmuch as equinia has already been used to designate glanders or farcy.

HERNIA OF THE APPENDIX VERMIFORMIS.—Dr. Swazey (*New York Medical Record*, June 25, 1881,) reports a case of femoral hernia in which the appendix vermiformis was found in the sac unaccompanied by any other part of the intestine. The occurrence of this form of hernia appears to be exceedingly rare.

GLYCOSURIA FROM NERVE STRETCHING.—Drs. Marcus and Wiet (*Gazette des Hôpitaux*, May 24, 1881) have been experimenting on rabbits in regard to the effects of nerve stretching, and have found that in certain cases glycosuria has been produced by stretching of both sciatic nerves. While the fact seems established that glycosuria has been present after nerve stretching, its relation to this operation is not at all clearly established.

DEATHS IN NEW YORK CITY.—Dr. John T. Nagle, the New York City Deputy Register of Vital Statistics, has recently compiled and published an exceedingly interesting statistical table, showing the deaths and births in New York during eighty years. Among the curious facts noticeable in the table is the relatively small proportional mortality of children under five reported prior to 1810. The table shows considerable industry.

DR. NORMAN BRIDGE and **Dr. Ernest Schmidt** have been appointed members of the Chicago Board of Education.

LARGE DOSES OF STRYCHNIA.—Dr. J. Pirnat (Medical and Surgical Reporter, May 14, 1881,) who appears to have attempted the rôle of the Pine Ridge practitioner, reports the successful treatment of a case of severe hæmorrhagic double quotidian fever, with a system of therapeutics of which the following was the most striking feature: sulphate of morphia, one-third of a grain, sulphate of strychnia, one-quarter of a grain, and persulphate of iron, five grains. The patient recovered, which furnishes the doctor an occasion for an exulting warwhoop over the other regular physician of the town, who had the disadvantage of being old, and consequently said that the dose of strychnia was enormous. It is rather fortunate that the doctor dispenses his own prescriptions, otherwise his large doses of strychnia might result very unpleasantly for his reputation.

IODIDE OF ETHYL IN ASTHMA.—Dr. R. M. Lawrence (New York Medical Journal, June, 1881,) reports that inhalations of iodide of ethyl have acted well in three cases of asthma. He says concerning the iodide of ethyl that "its speedy absorption into the blood, and its antispasmodic quality, and prompt reflex stimulation of the respiratory muscles, may reasonably account for its beneficial action in the asthmatic paroxysm, while its power of liquefying and detaching accumulations of mucus sufficiently explains its curative influence in chronic bronchitis. Experience has confirmed my faith in its remedial worth in a large majority of cases of labored respiration (whether due to bronchial spasm or to increased mucous secretion), and also in certain obstinate cases of dyspnoea, not due to organic, pulmonary or cardiac lesions, where other remedies may have proved inefficient. In a small minority of cases it has failed to afford relief." The remedy has been used by him only in conjunction with internal treatment, but there are many reasons why it alone, like all antispasmodics, should prove useful in asthma.

EXOPHTHALMIC GOITRE.—Dr. Tillaux, at a late meeting of the Paris Surgical Society, raised the question of surgical interference in a case where the patient presented marked suffocation and dysphagia. The patient showed great susceptibility to chloroform. Verneuil and Duplay were opposed to any operative interference. Desprès, however, saw nothing contra-indicated in the operation except the use of chloroform. Labbé recalled the case reported last year to the Academy of Medicine by Dr. Tillaux, which had terminated in recovery of the patient, and from this drew favorable conclusions as to chances of success in the present instance. Dr. Maurice Perrin was of the opinion that operative interference was justifiable. In the present day when such bold surgery is attempted, there would appear to be no very strong reasons against the operation. Verneuil and Duplay, it must be confessed, have exhibited a tendency to look on the achievements of modern surgery as the results of a species of sanguinary delirium.

PERCHLORIDE OF IRON IN THE DERMATOSSES.—Casarini (Lo Spallanzani) has been experimenting with perchloride of iron in the dermatoses. He has employed it externally in the form of pomade, of one to three parts of the perchloride of iron to thirty parts of lard, and also in lotions composed of one part of the drug to two or three parts of water. He comes to the following conclusions respecting its use: First, that perchloride of iron is the most efficacious remedy in purpura hæmorrhagica and purpura simplex. Second, that it is very useful against the chloro-anæmic cachexia, which often accompanies such diseases of the skin as rupia, ecthyma and impetigo. Third, externally it exercises a promptly favorable action on ulcers arising from scrofula and syphilis. Fourth, employed under the form of pomade it is an active and efficacious means of treatment of the squamous diseases of the skin, notably psoriasis. The use of this drug seems to be extending.

AN ORIGINAL DIAGNOSIS.—The New England Medical Gazette gives the following illustration of obstetrical diagnosis. A physician who had become discouraged about the slow dilatation of the os, and long tried to remedy this by manipulation, at length called a confrère in consultation, who found that the former had mistaken the anus of the child in a breech presentation for the maternal os uteri, and had made vigorous attempts to dilate that.

QUININE IN TRAUMATIC FEVER.—Dr. H. F. Campbell, of Augusta, Georgia, (Mississippi Valley Medical Monthly, June, 1881,) said that in his section, and he thought it applied to most malarial sections, he had noticed that quinine after an operation, almost invariably cuts short traumatic fever. He was so much impressed with its value that he never neglects to use it after operations. This contrasts somewhat with the quinophobic epidemic which the New York Medical Record has been lately endeavoring to inaugurate.

NERVOUS ORIGIN OF PURPURA HÆMORRHAGICA.—Rigal and Cornil (Medical and Surgical Reporter, June 18,) arrive at the following conclusions respecting purpura: First, that purpura hæmorrhagica is a symptom complex constituted fundamentally by hæmorrhages from the cutaneous and mucous surfaces and by a progressive weakness which is not always in proportion to the hæmorrhage. Second, whatever the morbid conditions which have primarily induced purpura, there must exist some trouble of vascular innervation to explain the hæmorrhages either an excitation of the sympathetic or a diminution in the action of the vaso-motor centres. Third, the alterations of the blood and lesions of the vascular coats appear to be variable and not constant. The existence of cases among the insane for which no apparent cause could be found were traced by Kiernan (Journal Nervous and Mental Diseases, April, 1878,) to trophic nervous influences.

SUICIDE.—Dr. G. Liebman, in a recent paper read before the Maryland State Medical Society, (Maryland Medical Journal), comes to the following conclusions: First. Suicides can be traced in the majority of cases to insanity. Second. In a minority of cases insanity must be excluded. Third. Suicide is on the increase in a regular proportion. Fourth. Suicide is of greater frequency in the male than the female sex. Fifth. Suicide occurs at all ages. Sixth. It is influenced by the seasons and by climate. Seventh. Suicide is more frequent in prosperous and highly civilized than in barbarous races. While the first two conclusions are not strictly true, they are nearer the truth than the converse to them which has been sedulously inculcated by life insurance lawyers and physicians. The third conclusion certainly requires more extended, carefully analyzed statistics to justify it than are at present obtainable.

PODOPHYLLUM IN ENEMATA.—The use of this remedy is often inadvisable because of its somewhat irritant action on the stomach. Dr. Lindley (Pacific Medical and Surgical Journal, May, 1881,) has given enemata containing from seven to twenty minims of fluid extract of podophyllum with very good results, more especially in cases where it was desirable to use opiates or astringents, at the same time a purgative was needed as in hæmoptysis. This manner of using podophyllum seems one capable of much extension, and is likely to be of very considerable value in certain cases.

A CAPACIOUS EXCHANGE LIST.—The St. Louis Courier of Medicine says it has placed the Mississippi Valley Medical Monthly with Dr. Julius Wise in the editorial chair, on its exchange list. This tends to give an idea of what a wonderful thing the Courier's exchange list must be. But the query naturally arises, what will happen to the Mississippi Valley Medical Monthly while its editor is on the Courier's capacious exchange list?

CLAUDE Bernard is to have a statue at Villefranche, France.

DR. ALANSON S. JONES, an old physician of New York City, died May 20.

DR. W. J. Holt, an eminent physician of Montgomery, Alabama, died April 27.

DR. Chas. McGill, a leading physician of Chesterfield County, Virginia, has died.

M. RAMEL, the discoverer of the anti-malarial properties of the eucalyptus globulus, has died.

DR. I. Edmonson Atkinson has been elected Professor of Pathology in the University of Maryland.

DR. GEORGE P. DALE has been made a Justice of the Peace in the North Riding, of Yorkshire, England.

THE Northern Medical Society of Philadelphia is the first Philadelphia society to admit female physicians.

THE SENATE COMMITTEE on insanity, of the New York Legislature is to be continued during the coming year, and to report to the Senate next year.

GOUT IN PARROTS.—Megnin (Bulletin Général de Thérapeutique Médicale et Chirurgicale, April 30,) has found several cases of gouty joints among parrots.

DR. SKODA.—This widely known physician who was an authority of high repute on physical diagnosis, died recently at Vienna, in the seventy-sixth year of his age.

THE PRESIDENT of the New York County Medical Society is still vigorously prosecuting the war against unlicensed quacks, two more having been just arrested through his persistent endeavors.

TWO NEW HOSPITALS are to be constructed in Philadelphia, one to be under the care of the Little Sisters of the Poor, and the other is to be under charge of the Sisters of St. Francis.

THE NUMBER of medical students in Great Britain and Ireland contrasts markedly with those in New York State alone, as but two thousand one hundred and six are registered for the coming year.

LOCAL.

THE WEST CHICAGO MEDICAL SOCIETY.

The meeting was held Monday evening, June 27, at 8 P. M., at 533 Adams street. Dr. Lewis L. McArthur reported three cases of hernia; operation for radical cure. Dr. Geo. F. Bradley, cases of adhesion of pericardium, with specimens of diabetes mellitus and cysts of spleen, exhibiting patient. Dr. L. C. Waters read a paper on Diabetic Coma, and there was the usual discussion. Dr. Ingals presented a case of aneurism of the heart.

MICHAEL REESE HOSPITAL.

The following physicians have been appointed Acting Staff of this hospital: Dr. Ernst Schmidt, Surgeon; Dr. M. Mannheimer, Physician; Dr. Henry Banga, Gynecologist; Dr. H. Gradle, Oculist and Aurist; Dr. James N. Hyde, Dermatologist, and the following gentlemen Consulting Staff: Dr. Edmund Andrews; Dr. Roswell Park; Dr. H. A. Johnson; Dr. J. Adams Allen; Dr. DeLaskie Miller; Dr. W. H. Byford; Dr. A. Jacobson; Dr. A. J. Baxter; Dr. H. Merkle.

CHICAGO BIOLOGICAL SOCIETY.

In the absence of the President and Vice-President, Dr. Plym. S. Hayes presided at June meeting of this society. Dr. F. C. Schaefer read a comprehensive paper on "Potts' Disease," discussing the various forms of curvature; their etiology, pathology, diagnosis and proper treatment. The discussion was participated in by Drs. Dudley, Hayes and Park, and also by Mr. Ellcutt, who was present by invitation. Dr. Park reported a case of a child ten years of age, whom he had seen in consultation. History showed rapid emaciation and abdominal distension of about six weeks' standing. He found evidences of inherited syphilis, protrusion of lumbar spine, great tenderness over the same, extreme distension of the abdomen, from accumulation of fluid, and consequent dyspnoea, and the child in a generally unfavorable condition. Aspirated the abdomen, and drew off forty

ounces of laudable pus. During the operation, by mistake of the assistant, a quantity of air was forced into the abdomen. Diagnosed lumbar abscess, with unfavorable prognosis; placed on constitutional and anti-syphilitic treatment. The doctor subsequently learned that one week later, aspiration was again performed, with the same result. A few days later, spontaneous opening at the umbilicus, with constant discharge of clear pus, and corresponding relief to the patient. This opening healed after two or three weeks, a plaster of Paris jacket was applied, and the child then played about as usual. If this pus was in the peritoneal cavity, why did it not cause a rapidly fatal result? If it was not there, where was it? Dr. Dudley then reported verbally two cases of cyst of the vulvovaginal gland, which he had successfully treated by dissecting out the sac and uniting the denuded surfaces with sutures, and suggested the same course of treatment for fistula in ano. He also reported a case of puerperal septicaemia, attended with grave complications, but which, nevertheless, recovered. This latter case was discussed by nearly all present. The chief questions in the discussion were the antipyretic use of quinia and the cold pack, and the hypodermic injection of strychnia in cases of lack of vital power. Dr. Tilley exhibited specimens of inspissated cerumen, which were exact casts of the membrana tympani; also a large aural polypus which he had removed. Upon motion the Society adjourned until the first Wednesday in September, 1881.

CHICAGO MEDICAL SOCIETY.

No special programme was issued for the June 6 meeting of this Society. The meeting was an eminently practical one. The attendance was small. Drs. Ralph N. Isham and S. J. Jones were elected delegates to the International Medical Congress, to be held in London next month. It will be remembered that at the April 18 meeting of the society Dr. DeLaskie Miller was elected a delegate to the congress. A number of

medical and surgical cases were reported by different members and the discussion of the same participated in by many of those present. In view of this enjoyable session, it might be well to dispense with programmes for the future, and follow the plan of Methodist class-meetings.

At the June 20 meeting of the Society, an interesting and scholarly paper was read by Dr. Charles W. Purdy on "Cremation," of which we append the following abstract: Cremation probably originated in a desire to preserve the bodies of the dead from the fury of their living foes. The Egyptians,* Greeks and Romans adopted cremation very generally. The Christian doctrine of the resurrection brought so great an influence to bear against the practice that it was discontinued. One of the strongest arguments in favor of cremation is from a sanitary standpoint. It is impossible to preserve the dead by burial from the outrages of the living. It is stated on good authority that many tons of human bones are annually removed from London, to the North of England where they are crushed and used as fertilizers. The overcrowding of burial places is one of the most dangerous abuses of the present system of interment. In the large cities of Europe and in New York in 1822, epidemics of malignant disease have been apparently caused by this systematic overcrowding of burial places. Indeed plagues are reported from the earliest times of which history is cognizant as being caused through the putrefaction of animal substance by burial of the dead in enclosures around, or in temples or churches. At the present time a plague is raging in Mesopotamia, from which the average mortality per diem in a town of six thousand inhabitants is about one per cent. The gaseous products of decomposition will reach the surface, however deeply the bodies may have been interred. Intra-mural interment is unquestionably prejudicial to health. Should cremation be generally adopted, all this

*The author is evidently in error about the Egyptian way of disposing of the dead. Editorial note.

would be changed. The body would be rapidly and cheaply rendered innocuous; nothing corrupt would remain, all would be cleansed and purified. By this system the horrors of living burial would be averted. During the last seven years the subject of cremation has been discussed by the brightest scientific minds, and now crematories have been erected in many European cities. The first cremation in the United States occurred in 1796. Dr. Le Moyne erected the first permanent crematory in 1876 at Washington, Pennsylvania. The process of incineration does not destroy the body by fire, as usually supposed, but rather reduces it to ashes by the chemical action of intense heat, without actual contact with flames or fire. By cremation the enormous expense attendant upon inhumation would also be avoided. The author terminated the paper by the following conclusions:

I. That the present system of burial is attended with danger to the living.

II. That abuses of the system are frequent and at all times difficult to prevent, and sometimes become so serious as to result in overwhelming whole communities with pestilence and death.

III. That a residence near crowded graveyards predisposes to diseases characterized by evidences of slow poisoning.

IV. That the system of burial, as now practiced, is necessarily attended with enormous expense, which is an oppressive drain on the resources of the poor.

V. That the general adoption of cremation would dispose of the dead rapidly, at a nominal expense compared with inhumation, and with entire sanitary safety to the living.

VI. That a similar disposal of the decaying organic products of large cities would tend to diminish the whole class of zymotic diseases, which at present is the cause of considerably more than one-third of our death rate. After some general discussion and the transaction of routine business the society adjourned.

CONTRIBUTIONS.

*THE MORPHOLOGICAL AND FUNCTIONAL RELATIONS OF THE CEREBELLUM.**

BY E. C. SPITZKA, M. D., NEW YORK CITY.

Notwithstanding the industry of numerous physiological investigators, and the voluminous registrations of pathologists, the evidence so far accumulated in reference to the functions of the Cerebellum is vague and contradictory. The same, it may be urged, does to a certain extent apply to other of the great cerebral centres. But here the difficulties in the way of experimental research are enhanced by the deep situation of the parts and the difficulty of producing limited injuries, difficulties not met with in the case of the Cerebellum. And in the other instances, pathological injuries are rarely limited in their extent and their collateral effects to the center whose functions they are supposed to hamper, while with cerebellar lesions, the conditions of topographical limitation are generally complied with. I believe that the elucidation of the functions of the Cerebellum must rest upon its demonstrated anatomical connections, rather than on its reaction to experimental and pathological injuries. And as in the case of every other center, a study of its anatomy in the adult human brain, is advantageously premised by a brief review of its relations in lower animals. The great anatomical preponderance of the Cerebellum in man is a late acquirement; its connections and its mass have been successively apposited on a very simple rudiment in the early embryo. The chronological course of this apposition is a rather faithful reproduction of the phylogenetic phases, if I may use such a term, observed in a series of vertebrates ranging from the urodelous batrachia to man. In the first place, the statement is to be corrected, which is to be found in some of our physiological text-books as well as several of those semi-anatomical, semi-metaphysical treatises on the brain, with which the book-market has been flooded within the past few years, that the Cerebellum preponderates in lower animals, and becomes reduced in higher ones. This is grossly erroneous. Whether we take as our gauge of comparison, the absolute size of the organ, or its weight relative to the body, or relative to that which constitutes the only approxi-

* A provisional communication.

mately constant element in the cerebro-spinal axis, the area of a transverse spinal section at the level of the foramen magnum, or its complexity of structure, we find the highest development in man and the anthropoid apes, the next highest in the elephant, cetacea and seals, and thence it is less in the descending scale of vertebrates. The cerebral overlap conceals the Cerebellum more and more as we pass up in the scale, and the latter therefore becomes invisible from above in man, and animals near man in their zoological or intellectual position; but that is not due to a lesser development of the organ in those animals. The cerebrum being *ab initio*, a more massive organ than the Cerebellum, and both increasing together, say, at the same ratio in relation to the bulk of each, there must be a greater increase of the Cerebellum at each stride made; hence the progressively greater concealment of the Cerebellum, notwithstanding the increased growth of this organ as we pass up in the scale. The Cerebellum, coarsely speaking, consists, in man, of a middle portion or *vermis*, two large *hemispheres*, and several lesser lobules of which the *tonsillæ* and *flocculi* are the most important. All these lobes are covered by gray substance, the *cortex cerebelli*, and this cortex is arranged in richly corrugated folds, each of which is entered by a detachment of white fibres from the large central mass of the organ.

Within the white mass are several ganglia, bearing a similar relation to the cortex cerebelli to that borne by the corpus striatum to the cortex cerebri.* Two of these are large and well marked in each half of the Cerebellum; one lying in the white mass of each hemisphere is from the denticulations of its contour known as the Nucleus dentatus; the other situated in the white mass of the Vermis, and immediately above that base of the Cerebellum facing the fourth ventricle, is known as the nucleus of the ventricular† roof: *Nucleus fastigii*. The main structural elements of the Cerebellum are therefore a higher ganglionic expanse: the Cortex of the Hemispheres, Vermis, Flocculi and Tonsillæ, the lower ganglia or *Nuclei Dentata* and *Fastigii*, and a white substance interpolated between

these gray categories. All of these elements have important connections with other portions of the brain and with certain cranial nerves; it is hence important to distinguish between them. The important fibre-masses connected with the Cerebellum, and entering its white substance, constituting processes of the latter, as it were, are the (1) *Processus e cerebelli ad cerebrum* of older anatomists, the *Brachium conjunctivum* of German anatomists, and for which, as it corresponds to the anterior peduncle of the Cerebellum, I adopt the brief and expressive designation of Wilder: *Præpedunculus*; (2) the *Processus ad pontem*, or *Brachium pontis*, for which I adopt from the same source the term *Pontibrachium*; (3) the Auditory nerve root; (4) the Restiform column; (5) the Trapezium. All of these tracts except the first and second mentioned are afferent to the Cerebellum. The first and second are efferent as far as the Cerebellum is concerned, but afferent to the Cerebrum. The important fact is thus seen, that taking the brain as an entity, all the cerebellar tracts are centripetal, and a direct motor innervation is to be entirely excluded from the functional possibilities of this organ.

The Restiform column is chiefly derived from the posterior columns of the Spinal Cord through the remarkable decussation which is mediated through the Olivary nuclei, described by Meynert. This derivation has been questioned by Flechsig, a fact which to my mind is incomprehensible. Few things are clearer than this connection. It is supported by the well-known fact that the Olivary nucleus gains in size and complexity in strict parallelism with the Nucleus dentatus of the Cerebellum. In addition to this, the Restiform column owes much of its mass to the direct myelo-cerebellar tract (*Directe Kleinhirnseitenstrangsbahn*). The fibres of the Restiform column go to the cortex of the Cerebellar hemisphere. Derived as its fibres are from the Columns of Clark through the direct lateral myelo-cerebellar tract on the one hand, and the posterior columns* of the Spinal Cord on the other, developing centripetally in the embryo, and degenerating centripetally under pathological circumstances, we must look upon this tract as one conveying molecular oscillations determined in sensory end organs to the cortical expanse of the cerebellar hemispheres. The

*There is, however, this difference: The cerebral ganglia are cut-offs, as it were, from the same gray mass which constitutes the cortex; the cerebellar nuclei are importations dragged into its substance by afferent fibres.

†*De facto* the Cerebellum constitutes a roof for the fourth ventricle. Morphologically, it is, however, a spurious roof, and a secondary one; the real roof is continued under it from the Valvula as a membranous expanse.

*There is a want of clearness among authors on this head, even extending to as recent a compilation as that of Schwalbe.

precise area where the Restiform fibres abut, is the dorsal surface of each hemisphere. A small portion passes to the interior of the Nucleus dentatus, according to Stilling. On the inner side of the Restiform column proper, and reckoned by many as a division of that fasciculus, is a centripetal conducting tract known as the inner division of the posterior peduncle. It seems to me to consist almost exclusively of fibres running in the ideal continuation of the Columns of Burdach, and recognized by Flechsig as a distinct tract in the embryo. He fails, however, to localize it accurately, as he fails to discriminate topographically in other parts of the Oblongata, in his great work. The fibres of this tract go in part or altogether to the Nucleus Fastigii (according to Stilling). It is not positively ascertained whether they are connected with the fibres of the posterior column or not. In several of my preparations I find that they originate from among the cells of the nucleus of Burdach, and to a lesser extent, from the nucleus of Goll. In area, the fasciculus represents only a fraction of the area of the Column of Burdach; but this is not, as Flechsig seems to infer, a reason for doubting a continuity. The greater portion of the Column of Burdach decussates through the Olives before the origin of the fasciculus is reached. Thus while the lateral myelo-cerebellar tract represents a direct uninterrupted communication between the sensory periphery and the Hemisphere of the Cerebellum, the decussating fibres of the Column of Burdach, an interrupted projection of the same periphery in the same cortical expanse, the inner division of the cerebellar peduncle, represents an interrupted non-decussating tract to the nucleus fastigii.*

The auditory nerve root sends fibres to both the nucleus dentatus and the nucleus fastigii, in man more to the former. The fibres do not generally pass uninterruptedly from the nerve to the cerebellar nuclei, but are interrupted in the auditory nuclei, some decussate within the Oblongata, some within the white substance of the Cerebellum. One fact cannot fail to strike the observer as noteworthy, namely, that the fibres passing from the auditory nuclei to the cerebellar ganglia are far more numerous than those of the auditory nerve itself. This relation reminds one of the one exist-

ing between the great mass of the anterior half of the Corona Radiata and the diminished bulk of the continuing Pes pedunculi, and points imperatively to an important connection existing between the internal ear and the Cerebellum.

The Trapezium joins the Restiform column on its entry into the Cerebellum; its fibres appear to me to be derived from the tegmental fibres of the Oblongata; its development is centripetal, and the fibres abut in the Vermis and the Nucleus Fastigii.

In addition to these fasciculi which project the general sensory periphery and the auditory end apparatus in the cortex and ganglia of the Cerebellum, authors describe a slender bundle from the Pneumogastric nerve coursing to the Flocculus. I have confirmed the existence of a direct cerebellar root for the sensory division of the Trigemini. The main tracts connecting the Cerebellum with the higher centres are the Præpedunculus and the Pontibrachium. There is a third tract whose relations have not been clearly unravelled, but which merits a close study from its presumable relation to visual coördination. It connects the Cerebellum, and especially its Vermis, with the Corpora Quadrigemina through the Valvule of Vieussens. The Præpeduncular tract runs from the nucleus dentatus to the nucleus tegmenti, decussating with its fellow-tract of the opposite side. The Pontibrachium originates in the lateral edges and the ventral face of the hemispheres, forms the transverse fibres of the Pons, and is continued to the Cerebrum in the Pes pedunculi.

Now all the functional relations of the Cerebellum are clearly expressed in these anatomical relations, and a supporting commentary is derivable from comparative anatomy. The Vermis cerebelli is the only lobe represented in reptiles, and is also the predominant feature in the brains of marsupial mammals. Here the transverse fibres of the Pons are defective; those of the Trapezium and the external acciform division, as well as the inner auditory root, are present and enter it. The Vermis is really a Cerebellum of a low grade, perfect in itself; it is connected with nerve tracts of low organization, that is, such as are frequently interrupted by ganglionic matter, like the inner detachment of the post-pedunculus. The latter is well developed in lower animals, while the restiform column is absent or rudimentary. With higher

*No relation seems to exist between the columns of Goll and the Cerebellum. Through the so-called sensory decussation of Meynert, this tract passes to the Cerebrum via the Stratum intermedium.

development, the general sensory periphery and the auditory apparatus attain a more extensive projection, and this projection grows step by step with the cerebrum itself. Meynert has correctly pointed out the close mutual relationship existing between the dimensions of the Cerebral and the Cerebellar hemispheres, and the number of anfractuosities of their dentate nuclei. The Cerebral hemispheres, the Cerebellar hemispheres, the dentated nuclei of the Cerebellum and the Olivary nuclei, hypertrophy in parallel order as we proceed upward in the scale of mammals.*

It is well known that the *Crus cerebri* contains those fibres which ultimately, through the posterior part of the internal capsule, convey sensory impressions to the cerebral cortex. These fibres must be derived and can be derived only from two sources: From the Columns of Goll through the Piniform decussation and the Stratum intermedium, and the transverse fibres of the Pons, which are known to become longitudinal and eventually join the pyramidal fibres of the *Crura* after an interruption by gray substance (?). Since the Restiform column derived from the sensory tracts of the cord is the only tract of lower derivation ending in the Cortex of the cerebellar hemispheres, and the transverse fibres of the Pons, the only tract originating in

*From this general law there is an interesting deviation which, however, is actually a strong support of the conclusions above stated. In the porpoise, with a highly developed cerebrum, and cerebellum, the olivary body is not proportionately well developed. The posterior columns are smaller than in any other mammal. This shows, first, that there is an interdependence between the posterior columns and the olives; and secondly, that it is to be referred to the general atrophy of the cutaneous sensory end organs in these animals. A transitional condition of things is formed in the *zalophus*.

Collaterally I may refer to the interesting topographical relations of the decussations in the isthmus. Taking the altitude of the great tracts as presented in the transverse section, the area of the Trapezium is most dorsal, the stratum intermedium lies just ventrad of this, but sinks below the level of the fibres of the inter-olivary decussation, and most ventrad of all, we find the pyramidal tract. The decussations of these tracts follow this law, that the most ventral tract decussates most caudad, the most dorsal tract, most cephalad. Passing caudo-cephalad we have, first, decussation of the pyramids; second, of the stratum intermedium (*Olivenzwischenschicht*, *Flechsigt*); third, of the olivary fibres; fourth, of the trapezium. With this, it is observed, that the angle at which the fibres decussate, becomes more reduced as we go cephalad.

In the case of the porpoise and seal, where, with a diminished cutaneous periphery, we find the olives reduced, while the cerebellum is luxuriantly developed. The part played in the architecture of the cerebellum by the olivary fibres, is supplanted by that of an enormous auditory nerve, and possibly by the direct lateral myelo-cerebellar tract.

Rohon's case of microcephaly shows that the olive is a station of centripetal tracts, for it was well developed with a rudimentary cerebrum. In its earliest form the cerebellum seems to be a species of trigeminal accessory nucleus. The auditory nerve encroaches on this field and changes the relation in higher forms. This is a significant fact in view of the close position of the tactile organs of the head, and the otolith sac in some invertebrates, where this sac is basi-antennal.

that same cortical area, we can regard the Restiform column, the transverse fibres of the Pons, and a part of the *Pes pedunculi* as a connected system of fibres carrying sensory impressions to the Cerebrum, and this after a temporary deflection of the current in the Cerebellar cortex. Probably a large portion of those fibres of the *Pes*, representing this tract, go to the Lenticular nucleus, as was surmised by Meynert.

The auditory nerve root connected with the dentated nucleus, the *Præpedunculus* originating in that nucleus, the *Ganglion tegmenti* into which the *Præpedunculus* enters, and certain fibres passing thence either through a thalamic interruption or the corona radiata directly to the cortex, constitute a parallel system destined to convey impressions originating in the auditory end-organs to the cerebrum, after a similar temporary deflection. Now, what can be the object of this deflection? There is a direct tract from the sensory periphery of the body carried through the Column of Goll and the Stratum intermedium. Why should a luxuriant development of an interrupted by-tract be so prominent a feature of higher development, if interrupted tracts are less perfect as a rule than direct ones?

The valvular Cerebellum of the reptiles shows no marked relations except to the inner division of the auditory nerve root. The Cerebellum simulates an accessory auditory nucleus, as it were, and as the only spinal fibres entering the reptilian Cerebellum are derived from a column corresponding to the internal division of the *Post-pedunculus*, we observe that already in this primitive stage with only the *Vermis*, and that poorly represented, the Cerebellum constitutes a meeting point for impressions originating in the auditory and the tactile end-organs. This is carried out as the leading principle of the systematic architecture of that higher cerebellar organ found in man. The hemispheres, with their dentate nuclei, repeat the relations of the *Vermis* and its fastigial nuclei in this that both auditory and spinal fibres meet there. They are brought into association by fibres radiating from the cerebellar cortex to the dentate nuclei. In other words, the Cerebellum is a field where the impressions of touch and position are associated with those of time and space. Its main object must therefore be the fusion of these sensations, or their correlation in some way, for the benefit of the cerebral hemispheres. It

consequently assumes the position of an informing depot to the great head center, the Cerebrum. Thus, on strictly anatomical grounds, the older view, abandoned by many as uncertain, contradicted by some experimental physiologists, and by pathological experience, merits renewed consideration that the Cerebellum is not the center for, but the informing depot of the finer coördinations engaged in maintaining the equilibrium. It would be unphilosophical to attempt to study the function of the Cerebellum, without bearing in mind the fact that *per se* this organ can do nothing. Whatever molecular oscillations are determined within its ganglionic substances, these must pass to higher centers for translation to skilled motor reaction.

If this is so, some may ask why is the Cerebellum a special cerebral segment, for all the sensory tracts concerned in its building up might just as well terminate in the Cerebral Cortex directly? The answer to this is that the position of the associating ganglion of the auditory and tactile impressions was primarily determined by the position and primitive termination of the auditory nerve root, and as in the progressive development of nerve centers, increase in functional capacity is marked by increased apposition of structures to the primitive organ, all associations of a kindred nature became localized there. In this there is some similarity to the Cerebrum. Just as the Cerebellum may be considered at least in its higher form as a luxuriant hypertrophy superimposed on the auditory ganglion, so the Cerebrum is known to be a supplantation of the Olfactory lobe.

I have deemed it opportune to call attention to the anatomical relations of the Cerebellum* as elucidating its functional rôle, and as showing that in excluding this or that function on the strength of negative pathological experience, due attention has not been paid to the fact that, after all, the

Cerebellum is but a by-track for impressions conveyed by other channels, and that only the finest coördinations of movement with regard to space and time are on anatomical grounds to be connected with the Cerebellum. It may be very confidently asserted that a fine musical ear, the sense of rhythm and of time, and the ability to perform any fine feats of equilibrium, are not possible without an intact and well-developed Cerebellum.

NEW YORK, 130 E. 50th Street.

May 10, 1881.

CORRESPONDENCE.

OVER STUDY IN THE PUBLIC SCHOOLS
— SEA-SICKNESS — COLLEGE AP-
POINTMENTS—SOCIETY MATTERS
—PROVIDENT DISPENSARIES
—AMERICAN NEUROLOGICAL
ASSOCIATION.

NEW YORK, June 29, 1881.

The street cleaning agitation in New York having, to a certain extent, subsided in consequence of a slight improvement produced by the proverbial new broom, the people and the profession require something new to serve as a topic of discussion and have fortunately found this in the death of a child from alleged over study. The disease given as a cause of death has been meningitis, and numerous physicians have been interviewed on the subject, among others, Dr. William A. Hammond, who made somewhat of a savage onslaught on the superabundant studies of the public schools, and has thereby incurred the enmity of the Gradgrinds of the city and their numerous followers. Another medical topic in which the daily press has taken great interest is sea-sickness, and the reporters, seeking medical advice on the subject, have interviewed Dr. Alonzo Clark, Dr. William A. Hammond, Dr. Beard and several other physicians, who, of course, disagreed in a characteristic manner. There is little doing of interest in the medical societies. The secretary and treasurer of the New York Academy of Medicine, Dr. J. G. Adams and Dr. H. P. Farnham, have been appointed by that body delegates to the International Medical Congress, which will meet at London, August 2. Among the changes in the medical college faculties may be noted the appointment of Dr. Paul F. Mundé as Clinical Lecturer on Gynecology at the New York College of Physi-

*NOMENCLATURE.

Professor Wilder proposes to call the anterior, middle and posterior peduncles of the Cerebellum præ-, medi- and post-pedunculus. In the same communication he suggests Pontibrachium for the older term Brachium pontis. But the Pontibrachium and the Medi-pedunculus are identical. The principle of nomenclature exhibited in Pontibrachium being superior in every sense to a merely topographical one, I would propose the following:

TEGMENTIBRACHIUM (Spitzka). Præpedunculus of Wilder; anterior peduncle or crus, processus e cerebelli ad cerebrum, Brachium conjunctivum of older anatomists.

PONTIBRACHIUM (Wilder). Medipedunculus of the same author; middle peduncle or crus, Brachium pontis of older anatomists.

MYELOBRACHIUM (Spitzka). Postpedunculus of Wilder, equivalent to internal peduncular division plus Restiform column of older anatomists.

cians and Surgeons. The principal dispensaries in New York have attempted the provident system, and the percentage of those actually unable to pay is said to vary from five to twenty-five at the various dispensaries. The New York State Board of Health Law, recently passed by the legislature, in a measure centralizes the board of health system and provides for local boards of health for each city, town and village in the State, who, while to a great extent, independent, are somewhat under the control of the State Board of Health. The American Neurological Association held a very successful three days' session. Among the physicians present were Drs. W. A. Hammond, Seguin, Spitzka, McBride, Birdsall, G. M. Hammond, Morton Kinnicutt and Beard, of New York; Drs. L. C. Gray and J. C. Shaw, of Brooklyn; Drs. Bartholow, Mills and Ott, of Philadelphia; Dr. Miles, of Baltimore; and Drs. Jewell and Gradle, of Chicago. Papers were read, beside those by the gentlemen mentioned, from Drs. Schmidt, of New Orleans; Clevenger, of Chicago; Sinkler, of Philadelphia; and Wilder, of Ithaca, New York. As will readily be seen, the Association is a great success. This is the most barren time of the year in medical matters, and the present season is unusually so.

J.

REVIEWS.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By Wm. A. Hammond, M.D., Surgeon General U. S. Army (Retired List), Professor of Diseases of the Mind and Nervous System in the Medical Department of the University, etc., etc., etc. With one hundred illustrations. Seventh edition, rewritten, enlarged and improved. New York. D. Appleton & Co. pp. 929.

A medical treatise dealing, with only a special branch of medicine to reach its seventh edition, like the present work, must have filled a gap in American medical literature, and filled it very satisfactorily. The work is indeed so well and generally known that its appearance in a new dress would hardly require more than a formal notice, were it not for the fact that since the sixth edition left the press the aspect of neurological science has undergone profound changes, and that corresponding changes, additions and improvements are to be looked for in a revised edition of any

work attempting to cover that field. The chief respect in which this edition of Dr. Hammond's book differs from its predecessors, consists in the omission of the chapters on insanity, the author rightly conjecturing that this intricate subject can not be properly dealt with, excepting in a separate work, and the information is given that he has such a one in press. Other material improvements are the addition of new chapters on nervous syphilis, on the localization of lesions of the cerebral cortex, on the pathology of the sympathetic nerves, and above all a full translation of the excellent summary of Nothnagel's "Topische Diagnostik," of which an abstract was presented the readers of the Review in the last volume. Of the older chapters few have escaped material revision and additions, so that notwithstanding the elimination of the chapters on insanity, this edition numbers nearly a thousand pages, and forty more than the sixth edition. In all these additions the author's style is as clear and excellent reading as in his other literary productions. To this fact the latter no doubt owe much of their popularity. As to the subject matter, it is such as to bring the work in nearly every respect fully up to the time. That omissions and imperfections should be noted by the reviewer, is perhaps as much due to the ever changing aspect of the science with which the work deals, as to any fault of its author. Very little attention, for example, is paid to the important subject of electro-diagnosis. In fact the qualitative changes in the galvanic reaction with traumatic and rheumatic facial paralysis are not referred to. To have mentioned these would have been much more profitable to Dr. Hammond's readers, than his reference to the recent revival of static electricity, whose value has not been yet established, beyond the facility with which it has permitted some enthusiasts to trumpet its curative effect on ataxia to the profession. It is with considerable gratification that we note Dr. Hammond's silence in reference to these special claims. Dr. Hammond's classification of nervous diseases into cerebral, spinal, cerebro-spinal, etc., has already been criticised, and it must be admitted that his system involves several quandaries, as for example, the proper location of progressive muscular atrophy, of Grave's disease, or epilepsy or hysteria. Like objections could of course be made to most if not all other systems. None of the author's theo-

ries have received so much severe handling by even his best friends among American neurologists, as those promulgated with reference to cerebral congestion, hyperæmia, and anæmia, as well as the analogous states of the spinal cord. While there can be but little objection to a rational employment of speculation, in default of visible changes, as the basis of given symptoms, it would be difficult to defend that minuter localization of nutritive disturbances which Dr. Hammond classes under the heads of "anæmia of the posterior columns," and "of the antero-lateral columns!" On the other hand it would be difficult to sympathize with those of Dr. Hammond's opponents, who would strike out cerebral hyperæmia and anæmia from the list of diseases and refer the symptom groups comprised under these terms, to all sorts of secondary results. Perhaps it would have simplified matters greatly if Dr. Hammond had isolated hypochondriacal and purely irritative states from cerebral hyperæmia and anæmia proper. There seems to be no good reason why the theory of an aphasic form of cerebral congestion should be advanced (p. 33). Aphasia without destructive lesions can be more frequently referred to vascular spasm than to congestion. Mental introspection, cited as a symptom of congestion, properly belongs to hypochondriasis and other states, with which no special vascular condition can be even theoretically associated. It may be doubted whether the congestion papilla is not a symptom of graver significance, as a rule, than the lines on page 41 seem to convey. The case cited as one of cerebral congestion, on page 49, impresses one, as far as the symptoms detailed permit of a conclusion, rather as a case of hysteria. The statement that the *état criblé*, though frequently met with in congestion is not uncommon in other pathological conditions, such as the several forms of softening (p. 63) is not sustained by pathological experience. Altogether inexplicable, except upon the grounds of a *lapsus calami* is the description of part of the origin of the facial nerve, as traceable to the lateral columns of the spinal cord (p. 834). In agreeable contrast to the conclusions of certain of the younger, and it may be added, greener enthusiasts on the spinal cord, some of whom have been accused of basing six different diseases on histological bric-a-brac, obtained from one spinal cord, Dr. Hammond is found to say (p. 455), "I

shall omit those disorders which have only a theoretical existence, or which in my opinion, have been, on insufficient data, assigned a definite patho-anatomical position." Dr. Hammond has remained as wisely reticent on the question of metallotherapy, trance, neurasthenia and sexual starvation, as was to be expected of one of his philosophical turn of mind. These topics, in their present state at least, should hardly find place in a text book, and their absence from the present work is a refreshing feature. The question of cortical localization is very carefully and judiciously discussed, neither the extremist views of the Ferrier and Azam school, nor of their opponents, such as Brown-Séquard, being blindly followed. In the chapter on the spinal cord, the fanciful diagram of Charcot-Pierret, reproduced in the sixth edition, has been replaced by the reliable one of Flechsig. Altogether the work maintains its pre-eminence over any similar work in the English language. It has not only had the honor of a translation at the hands of Labadie-Lagrave in Paris, and of undergoing another translation into Italian by Borelli, but it has also been extensively filched from by an American author, who has in consequence become the prominent object of a suit for infringement of Dr. Hammond's copyright, in plain English for literary piracy.

ANTAGONISM BETWEEN MEDICINES.—By Roberts Bartholow, M. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia; formerly Professor of the Theory and Practice of Medicine and Clinical Medicine in the Medical College of Ohio; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Association; Associate Member of the Medical and Chirurgical Faculty of Maryland; Honorary Member of the Ohio State Medical Society; President of the American Neurological Association; Honorary Member of the New York Neurological Society, etc. D. Appleton & Co., New York, 1881; Jansen, McClurg & Co., Chicago.

This work is an outcome of the author's positivism in Therapeutics. The current of medical opinion hitherto strongly nihilistic is now very markedly on the turn. Unphilosophical physicians strongly nihilistic (because such was the fashion) are now turning

positivists, and of these Bartholow is the prophet in the United States. The new medical positivism is somewhat more scientific than the old, and of this fact the present work is strong evidence. The lectures which form the basis of this work were delivered under the auspices of the Cartwright foundation of the College of Physicians and Surgeons, while neither complete as regards the subjects discussed nor comprehensive enough to include all remedies involved in the principle forming the basis of the lectures, they still contain many valuable therapeutic hints, and will certainly do much to correct crude opinions and a tendency to unphysiological prescriptions very generally prevalent. Among the omissions of importance in the book are the relation of the antagonism between Conium and Strychnine, which is not even mentioned by the author. Taking the book as a whole it is of undoubted value, but requires some pruning, revision and addition before it can be considered even fairly complete in most respects.

DISEASES OF CHILDREN.--By William Henry Day, M. D., author of *Headaches, Their Cause, Nature and Treatment*; Member of the Royal College of Physicians of London; Physician to the Samaritan Hospital for Women and Children. Second Edition. Presley Blakiston, Philadelphia. 1881. Jansen, McClurg & Co., Chicago.

This work, the author claims, is the outcome of his clinical experience. The first chapter of "Introductory Remarks" contains the usual apologies for specialistic consideration of the diseases of children, and a mass of hygienical discussion of no very great value. The second chapter on "Milk Diet and Hygiene" is made up of the usual remarks on the subject of milk, but nothing very new or newly put with the exception of the final five conclusions which summarize certain matters respecting diet, therapeutics, semeiology, prognosis and complications very concisely. In the third chapter on "Acute and Chronic Disease" his definitions of what are meant by the two terms acute and chronic, are by no means models of clearness. In the fourth chapter the subject of "Debility" is dealt with in a manner not all lucid. The author believes debility pure and simple may cause "epilepsy, paralysis, etc., and every form of diathesis which lowers health and provokes disease." The author had evi-

dently only the idea of rounding off a paragraph when he inserted this phrase because it means literally nothing. The subject of "Dentition" is not as carefully discussed in the fifth chapter as its importance demands. The discussion of Marasmus or Atrophy, in the sixth chapter, does not evince a very clear conception on the part of the author. The chapters seven to nine on Fevers do not call for any very special mention, except that condensation here as elsewhere in the book is a great desideratum. The chapters on the exanthemata are the most valuable in the book. Taking the book as a whole it will be found to require considerable condensation and a little clearer conception of the inter-relations of disease. With the works of Vogel and Smith, already in the field, there is but little, if any excuse, for the appearance of this work. The publishers have issued it well, and had the author done as much for its subject matter as they have done for its bibliographical appearance, the work would have been a success.

ANATOMICAL STUDIES UPON THE BRAINS OF CRIMINALS. A Contribution to Anthropology, Medicine, Jurisprudence and Psychology. By Moriz Benedikt, Professor at Vienna. Translated from the German. By E. P. Fowler, M.D., New York. William Wood & Company, New York, 1881. W. T. Keener, Chicago.

This is one of the most pretentious works that has for some time been laid before the profession. The subject is one of the first importance, and one of extreme interest from a psychological and anthropological standpoint. To render the researches of value all racial elements of error should be eliminated. It cannot be said that this has been done. The criminals coming under observation have been derived from races of unsettled ethnic position, like the Magyars, or from mixed Slav-Semito-Mongolian races, like the Servians. It is obvious, therefore, that among these, aberrant convolitional conditions were just what was to be expected. The author's researches considered as a part of criminal psychology, are therefore absolutely worthless, however interesting, from an anthropological or ethnical standpoint. How little of a psychiatrist the author is, may be judged from the following opinion expressed by him: "Criminals generally have nothing analogous to monomaniacs. They tend to develop dis-

tinct peculiarities of organization and psychic features, and these peculiarities are the product of their social condition." Any one who has at all examined the question, will be convinced that between the true criminal type, the imbecile, and the case of monomania (*primäre verrücktheit*), the psychological relations and their anatomical bases are intimate and close. Had the author had an opportunity of examining the insane and criminals not for convolitional aberrations alone, but also as to the question of heterotopias, etc., he would never have uttered the sentence just quoted. It is astonishing that a work of this undigested character should have been sold as extensively as it has in the original, and still more astonishing that a work which even were it scientific, has so little of a practical character, should have been honored by an American translation. The style of the translation is very involved, as might have been anticipated from the well known character of the other translations made by the same translator. One thing is clear, the translation was evidently not made by an English thinking individual. The principal translations thus far made of many pseudo-neurological works for the firm of Wood and Company, have been made by a homœopathic medical society, who have evidently delegated the work to some non-medical German speaking person. While the firm of Wood and Company are to be commended for the translations they had evidently intended to have made, it is more to be regretted that they have not chosen the proper persons to do this work. They have evidently intended in the present instance that their part of this work should be more of a success than it is.

THERAPEUTIC AND OPERATIVE MEASURES for Chronic Catarrhal Inflammation of the Nose, Throat and Ears, by Thos. F. Rumbold, M. D. George O. Rumbold & Co., St. Louis, Missouri, 1881.

This work was evidently intended for a popular treatise rather than written for the profession alone. It is certainly verbose, and to some extent may be said to be repititious. It contains much that is misleading, and certain histories cited in it are worse than useless, but with all these defects it displays quite considerable originality, and gives evidence of no small power of observation. The work is profusely illustrated. Taking the book as a whole it may be said that with considerable con-

densation and some little elimination a book of considerable value to the average physician could be manufactured from it. Should the book pass through another edition, as it is to be hoped it will, it being by no means mediocre, these necessary changes may be made and the author can then be congratulated on his book.

BOOKS AND PAMPHLETS.

Twenty-third Annual Announcement of Chicago Medical College, Medical Department North Western University. Session of 1881-82.

W. C. Jarvis, M. D. Pathology and Surgical Treatment of Hypertrophic Nasal Catarrh. Reprinted from the Archives of Laryngology, April, 1881.

Third Annual Announcement of the College of Physicians and Surgeons of St. Joseph, Missouri. Session of 1881-82.

A. B. Arnold, M. D., Baltimore, Md. Tumor of the Centrum Ovale. Reprinted from the Journal of Nervous and Mental Disease, April, 1881.

Felix Von Niemeyer, M. D. A Text Book on Practical Medicine with particular reference to Physiology and Pathological Anatomy. Translated from the Eighth German Edition by Geo. H. Humphreys, M. D., and Charles E. Hackley, M. D. Revised Edition. D. Appleton & Co., New York, 1881; Jansen, McClurg & Co., Chicago.

Thos. F. Rumbold, M. D. Therapeutic and Operative Measures for Chronic, Catarrhal Inflammation of the Nose, Throat and Ears. Forty illustrations. George O. Rumbold & Co., St. Louis, Missouri, 1881.

W. A. Hammond, M. D. A Treatise on the Diseases of the Nervous System, with one hundred and twelve illustrations. Seventh Edition, rewritten, enlarged and improved. D. Appleton & Co., New York, 1881; Jansen, McClurg & Co., Chicago.

Moriz Benedict. Anatomical Studies of the Brain of Criminals. Translated by E. P. Fowler, M. D. William Wood & Co., New York, 1881; W. T. Keener, Chicago.

Julius Ashman. How I Cure Stammering. Reprinted from The Voice, June, 1881.

B. Keith & Co. Manual of the Active Principles of Plants.

Prospectus of the American Hospital for Diseases of the Skin.

Laurence Johnson, A. M., M. D. A Medical Formulary. Wood's Library of Standard Medical Authors, May. William Wood & Co., New York, 1881; W. T. Keener & Co., Chicago.

H. Gradle, M. D., Chicago. The Nervous Mechanism of Respiration. A lecture delivered at the Chicago Medical College. Reprinted from the Journal of Nervous and Mental Disease; April, 1881.

THE ARMY.

OFFICIAL list of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from May 29, 1881, to June 12, 1881.

Baily, E. J., Lieut. Colonel and Surgeon. Having reported at Division Headquarters in compliance with S. O. 112, par. 1, C. S., A. G. O., is assigned to duty in San Francisco, as Attending Surgeon, relieving Surgeon C. C. Keeney. G. O. 10, Div. of the Pacific and Dept. of California, May 31, 1881.

Baily, E. J., Lieut. Colonel and Surgeon. So much of par. 1, S. O. 112, C. S., from A. G. O., as directs him to report in person to the commanding general, Div. of the Pacific, for duty as medical director of the Dept. of California, is revoked. S. O. 121, A. G. O., May 27, 1881.

Coues, E., Capt. and Asst. Surgeon. Assigned to temporary duty as Post Surgeon at Ft. Verde, A. T. S. O., 56, Dept. of Arizona, May 20, 1881.

Carson, J. K., Capt. and Asst. Surgeon. Granted leave of absence for one month, with permission to apply for two months, extension. S. O. 61, Div. of Arizona, May 31, 1881.

Heizmann, C. J. L., Capt. and Asst. Surgeon. The telegraphic instructions, of 22d inst., to commanding officer, Ft. Townsend, W. T., directing Asst. Surgeon Heizmann to report at these Headquarters, confirmed. S. O. 71, Dept. of the Columbia, May 23, 1881.

Ainsworth, F. C., Capt. and Asst. Surgeon. Relieved from temporary duty at Post of San Antonio, Tex., and assigned to duty at Ft. Clark, Tex. S. O. 76, Dept. of Texas, May 31, 1881.

Shufeldt, R. W., 1st Lieut. and Asst. Surgeon. Assigned to temporary duty in the Surgeon General's Office. S. O. 129, A. G. O., June 7, 1881.

Perley, H. O., 1st Lieut. and Asst. Surgeon. Relieved from duty in Dept. of Dakota, and to comply with S. O. 104, A. G. O. S. O. 97, Dept. of Dakota, June 6, 1881.

Powell, J. L., 1st Lieut. and Asst. Surgeon. Relieved from duty with Co. "A," 22d Inf'y on arrival at Ft. Concho, then to proceed to Ft. Stockton, Tex., and to report to post commander for duty as Post Surgeon. S. O. 76, C. S., Dept. of Texas.

Benham, R. B., 1st Lieut. and Asst. Surgeon. Relieved from duty at Ft. A. Lincoln, D. T., and assigned to duty at Ft. Assiniboine, M. T., S. O. 97, Dept. of Dakota, June 6, 1881.

Cunningham, T. A., First Lieut. and Asst. Surgeon. Assigned to duty at Jackson Barracks, La. S. O. 45, Dept. of the South, May 14, 1881.

Burton, H. G., First Lieut. and Asst. Surgeon. Assigned to temporary duty at Fort Hamilton, N. Y. harbor. S. O. 90, Dept. of the East, May 20, 1881.

Brechemin, L., First Lieut. and Asst. Surgeon. Relieved from duty at Fort Meade, D. T., and assigned to duty at Fort Yates, D. T. S. O. 84, Dept. of Dakota, May 10, 1881.

Shufeldt, R. W., 1st Lieut. and Asst. Surgeon. Relieved from duty in the Department of the Platte, to proceed to Washington, D. C., and report in person to the Surgeon General. S. O. 104, C. S., A. G. O.

Birmingham, H. P., 1st Lieut. and Asst. Surgeon. To proceed to Ft. Riley, Kansas, and report to Major E. B. Beaumont, 4th Cavy., for duty with troops about to take the field in Colorado. S. O. 90, Dept. of the Missouri, May 7, 1881.

Perley, H. O., 1st Lieut. and Asst. Surgeon. Relieved from duty in the Dept. of Dakota, to proceed to Detroit, Mich., and report on arrival, by letter to the Surgeon General. S. O. 104, C. S., A. G. O.

Hartsuff, A., Major and Surgeon. To proceed to the Cantonment on the Uncompahgre, Colo., and report for duty to Col. MacKenzie, 4th Cavy., commanding. S. O. 113, Dept. of the Missouri, June 21, 1881.

Middleton, J. V. D., Major and Surgeon. Having reported in person, is assigned to duty at Fort Hays, Kans., relieving Asst. Surgeon Munn. S. O. 122, Dept. of the Missouri, June 21, 1881.

Gardner, W. H., Capt. and Asst. Surgeon. Granted leave of absence for four months on surgeon's certificate of disability. S. O. 138, A. G. O., June 18, 1881.

Koerper, E. A., Capt. and Asst. Surgeon. Granted leave of absence for 2 months and 15 days. S. O. 143, A. G. O., June 24, 1881.

Munn, C. E., Capt. and Asst. Surgeon. Where relieved by Surgeon Middleton, to proceed to Ft. Bayard, N. Mex., and report to the Com'd'g officer for duty. S. O. 122, C. S., Dept. of the Missouri.

DeWitt, C., Capt. and Asst. Surgeon. Granted leave of absence for four months. S. O. 137, A. G. O., June 17, 1881.

Torney, G. H., Capt. and Asst. Surgeon. Granted leave of absence for one month, with permission to apply for an extension of one month, to take effect when relieved by Asst. Surgeon A. W. Taylor. S. O. 122, Dept. of the Missouri, June 21, 1881.

Taylor, A. W., First Lieut. and Asst. Surgeon. To proceed from Fort Supply, Ind. T., to Fort Lyon, Colo., and report to the com'd'g officer for temporary duty. S. O. 122, C. S. Dept. of the Missouri.

PLUMBERS are now required to be registered in New York State.

THE CENTENNIAL Anniversary of the Massachusetts Medical Society took place June 7 and 8.

DR. H. A. BRANIN has been appointed Physician to the Camden County, Pennsylvania Insane Asylum.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

EDITORIAL CORPS:

J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.

E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.

CHRISTIAN FENGER,
Surgery.

ALEXANDER J. STONE,
Midwifery.

HENRY GRADLE,
Physiology, and Diseases of the Eye, Ear and Throat.

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Gynæcology.

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CHICAGO, JULY 20, 1881.

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THE MINNESOTA STATE MEDICAL SOCIETY.—The last meeting of this body held June 21 was one that cannot well be criticised, more especially from the scientific standpoint, as the more important papers were read by title. The meeting was, however, in many respects a most successful one. Minnesota contains an unusually great number of able representatives of the medical profession. The general immigration to that state has been from a superior class and this has been the result of several well defined causes. The sanitary advantages of the state have been such as to attract a large class of educated people suffering from pulmonary and allied diseases. These were led to settle down and take an interest in the state, thus leading agriculture, commerce, and manufactures to exert an elevating influence. The pioneer settlers of the state were from a higher class and this had a strong influence in inducing people who had gone to the state in search of health, to become citizens. This class of immigration necessarily created a demand for a higher order of medical ability, such as would make any meeting of representative Minnesota doctors a marked success, both from the social and scientific standpoint. Among the notable features of the meeting was the eloquent address of welcome of General Johnson, which contained what such addresses rarely do, several very emphatic words of hearty welcome.

MENTAL CONDITION OF THE PRESIDENT'S ASSAILANT.—Monomania (Primäre Verrücktheit of the Germans) has often played an important part in history, more particularly in effecting changes by assassination. Twice in the history of the United States, has the life of the president been attempted by a monomaniac. President Jackson nearly lost his life at the hands of an individual of this kind, and history has certainly repeated itself in the recent attempt on the life of President Garfield. Like the case of monomania who attempted to take President Jackson's life, the assailant of Garfield adopted the cant of a political faction opposed to the president. That his mental condition was that of monomania (of Ray and Spitzka, the primäre verrücktheit of the Germans, the partial intellectual insanity of various authors) a very brief examination of his history will show. There was marked hereditary taint and an uncle died insane. His surroundings were always the most pleasant. He was given a fine education and brought up among the best influences, his father being a moral man and careful in training up his family. Despite this training he was wild and erratic, morally and intellectually. His utterances were marked by a certain glib incoherence, and so marked were his intellectual peculiarities that they attracted attention even in that place where, of all the world, one would imagine an insane man might pass

muster, the Oneida Community. The superior officer of that place says concerning him: "his mind was disordered continually with hobbies of all kinds and descriptions. In directing a package he would write 'C. O. D.' and then 'on delivery' right after the letters. Once in a lecture he prepared for an evening's exercise he had written the words in manuscript: 'If the audience will excuse me I will take off my coat.' He made once a large card with this inscription: 'Charles J. Guiteau, Premier of England, will deliver a lecture at St. James' Hall, London.'" This he kept fastened to the wall before him. He imagined himself some great dignitary or other all the time. Fame and wealthy stations filled his thoughts day and night." He engaged in practice as a lawyer soon after this, which practice was marked by the ignoring of the proprieties of the profession, and by attempts at lecturing on religious topics, characterized by great incoherence. He threw himself into politics with great intensity and actively engaged in the last presidential campaign. For his service in this he demanded the Austrian mission, stating, as an additional reason for his being appointed Minister, that he had married a woman worth a million of dollars, who would enable him to support the dignity of his office properly. This history reads like a paraphrase of what two of the more recent writers (Kiernan and Spitzka, Gaillard's Medical Journal, November, 1880) say concerning monomania. "The general intellectual status of these patients, though rarely of a very high order is moderately fair. A monomaniac is frequently crochety, irritable and depressed. He concludes that he is a personage of some importance. Some great political movement takes place, he throws himself into it, either in a fixed character that he has already constructed for himself, or with the vague idea that he is an influential personage. He seeks interviews, holds actual conversations with the big men of the day, accepts the common courtesy shown him by

those in office as a tribute to his value, is rejected, however, and then judges himself to be the victim of jealousy or of rival cabals, makes intemperate and querulent complaints to higher officials, perhaps makes violent attacks on them." These two histories read as if written of the same individual. A monomaniac who has once been tried on a criminal charge of assault and acquitted on the grounds of irresponsibility, should be permanently sequestered. Recovery in his case is very improbable and asylum incarceration is needed for the protection of the public. Not only justice but prudence also dictates this course. Confinement in a penal institution is unjust if the patient be insane, and as such confinement must be relatively soon completed if the charge be only an assault, and the prisoner discharged much embittered and fully prepared to repeat his murderous attempt, prudence would dictate his confinement in an asylum for the insane until his recovery, providing at the same time for strict means of determining this, which shall look to the improbability of its occurrence. An alienist who looks at the case impartially can have but this opinion.

MURIATED TINCTURE OF IRON IN PURPURA.—Dr. A. Coriveaud (*Journal de Médecine de Bordeaux*, April 17, 1881) claims that the muriated tincture of iron has had in his hands very marked effects on purpura, the other iron salts being of no avail, and an improvement in the patient's condition being marked when, during the treatment, a change from any other preparation of iron to the muriated tincture was made. The remedy certainly seems worthy of further trial, although its use is not entirely new in this class of diseases.

FLEAWORT SEED IN CONSTIPATION.—Gueneau de Mussey (*Gazette des Hôpitaux*) claims that a tablespoonful of fleawort seed in half a glass of water, taken before dinner, has answered very well as a mild laxative. This remedy seems worth of trial.

THE NATURE OF THE PRESIDENT'S WOUND.—On July 2, 1881, President Garfield was shot by a monomaniac, the wound being inflicted with a pistol of the English "Bulldog" pattern, carrying a ball equal to that of the ordinary navy revolver. The ball penetrated the right side about four inches from the middle of the spine, in the tenth intercostal space. There must be much doubt in examining the case both as to the exact locality of the ball and its general course. It would seem from the symptoms given that neither the kidneys, lungs nor intestines are injured. Probably no large vessel has been cut as the hæmorrhage has been but slight. That the abdominal cavity has been entered there would seem to be but little doubt. The liver, probably, would seem to have been entered, judging from the general course likely to be taken by the ball; however, even this cannot be determined with certainty. The tingling in the lower extremities was most probably due to slight concussions of the spine received at the time of the fall from the effects of the pistol shot. The profession is to be congratulated on the unanimity which has prevailed among the physicians in charge of the case and to this will be perhaps due, what now seems probable, the president's recovery.

ODORS IN PSYCHIATRY.—Dr. Benjamin W. Richardson (Scientific News, February, 1881) who has distinguished himself by very erratic actions in relation to total abstinence, still further extends his reputation of being eccentric, by the following remarks on the subject of insanity, before one of those popular pseudo-scientific organizations so common in the English speaking countries: "Go into the wards of any lunatic asylum and notice among the most troubled there the odor of the gases and vapors they emit by the skin and by the breath. That odor is from their internal atmosphere, their nervous ethereal emanation. They are mad up to suicide or murder, or any criminal folly. Can it be

otherwise? They have secreted the madness; they are filled with it; it exhales from them. Catch it, condense it, imbibe it, and in like manner it would madden any one." The psychiatric or psychological knowledge of any one writing this kind of trash is easily judged, but the mental calibre of the individual who wrote it, would be in extreme doubt, were it not that this individual is merely a dilettante physician.

MEDICO-LITERARY PIRACY.—A recent review (American Journal of the Medical Sciences, July, 1881,) calls attention to a contemptible plagiarism. Professor Masse, of Paris, published an anatomical atlas in 1844, whose plates were reproduced and whose text was translated by the late Dr. Pattison, of New York, and published by Harper Brothers in 1845. Text and plates printed from the same stereotype plates appear this year under the name of Dr. A. L. Ranney as editor and translator, and Putnam's Sons as publishers. The translation is otherwise unaltered, and the reviewer demonstrates that it corresponds to Dr. Pattison's word for word, broken and wrong font letters for broken and wrong font letters. Dr. Ranney does not seem to have had even enough originality to compose a new preface, as he repeats Dr. Pattison's word for word, even alluding to the edition of Cruveilhier's Anatomy published by Dr. Pattison in 1844, when Dr. Ranney had not yet gladdened the earth, as his (Ranney's) own. The publishers have made the matter much worse by issuing a circular stating that Dr. Pattison's name had been omitted from the title page by a "clerical error," but that the new edition contains some valuable alterations. These valuable alterations chiefly consist of placing the fasciæ of the lower extremities under the head of "Splanchnology," and certain muscles under the head of "Aponeurology." The reviewer remarks "that it was indeed a remarkable clerical error which escaped the eyes of the publishers, the editor, the proof reader and the type setter, consider-

ing that the stereotype plates were before them, and naturally finds it remarkable that this error eliminated Dr. Pattison's name and address, and replaced them with Dr. Ranney's. The critic of the American Journal of the Medical Sciences regards the circular of the publishers as an open admission of guilt, and it may certainly be added that in its audacity the plagiarism transcends anything yet attempted in this line. The Medical Department of the New York City University is certainly to be congratulated on Dr. Ranney, its adjunct professor of anatomy, and his ability at turning the literary labors of dead men to the adjunct professor's own pecuniary advantage.

THE EARLY TREATMENT OF THE INSANE.—Pliny Earle has shown the fallacies involved in asylum recoveries, and various scientific students of psychiatry have demonstrated that a curable stage of insanity does not exist, although curable forms may. It is therefore astonishing to find what Bourbons certain asylum superintendents are, as witness the following from a late report of Dr. Kirkbride, the superintendent of the Pennsylvania Insane Asylum: "Nothing is better established, in regard to insanity, than that its curability is, in a very great measure, dependent upon its being subjected to proper treatment in the early stages of the disease. While all who are insane do not require a removal from home, it is unquestionable that such a course is best for a large majority of all cases that occur; and it has been found by very extended observations, that most of them do better, and recover more promptly in well-conducted institutions than in any other position in which they can be placed. Before removal from home, there should be no doubt of the character of the mental disturbance, and that it is really insanity, and not the delirium connected with some other form of disease. Those greatly prostrated should not be removed, as a short stay at home to recruit strength, often results in permanent good, and should the

change be fatal, the patient's last moments will have been passed among friends, in his own home. It is no less important that treatment should be persevered in until the recovery is complete beyond all question. Too often relapses occur where patients have improved to that extent when continued treatment will ensure continued improvement. The unavoidable desire of the officers of an institution to see their patients return to their families, and the anxiety of families and patients to secure the same object, are hard to, but should be resisted; it being far better to keep them too long than too short a time." How a man can write such egregious nonsense as this in the face of the declarations of Pliny Earle (an asylum superintendent), that "if there were an asylum on every hill top, it would not alter the amount of chronic insanity in the land," and in the face of similar opinions expressed by other somewhat scientific superintendents like Hughes, can not be explained, except by the theory that long residence in an insane asylum has a deteriorating effect on a mediocre mind. That such effect is exerted is shown by the occurrence of insanity among superintendents.

THE TELEPHONE QUESTION.—The recent advance in the rent of telephones, in consequence of the consolidation of the Bell and Edison companies, will probably lead to the abandonment of their use, which has been so extensive, by druggists and physicians. After all, they are a luxury not a necessity, and the conjoined abandonment by many druggists and physicians who adopted them for fashionable and trade reasons, will be likely to have the result of reducing the rents recently demanded by the companies. Other cities, greater in population than Chicago, get along, as far as medical matters are concerned, pretty well without them, and there is but little doubt Chicago could do the same. To accomplish anything, however, joint action of the druggists and physicians using telephones will be found necessary.

QUOTATIONS FROM MEDICAL JOURNALS.—

Perhaps a good means of estimating the value of the more frequently used medical journals is the extent to which these are quoted by the more practical quarterlies. For example, the last number of Braithwaite's *Epitome* quotes the *Chicago Medical Review* forty-one times, the *Philadelphia Medical and Surgical Reporter* thirty-five times, the *New York Medical Record* thirty-two times, the *Philadelphia Medical Times* twenty-six times, the *New York Medical Journal* twenty-four times, the *Medical Gazette* seventeen times, the *Louisville Medical News* seventeen times, the *Medical Brief* fifteen times, and the remaining American journals less than ten times each. While this is not an absolute test as to the scientific value of a journal, it certainly shows which journal presents topics in the most concise, pithy manner.

MERCURY TREATMENT OF TRICHINOSIS.

—Rand (*College and Clinical Record*) proposes to treat trichinosis by mercurial salivation. The idea is a purely a priori one, and as enunciated by Rand is based on rather absurd therapeutic principles. Mercury, granting that it has the deobstruent action claimed for it by Dr. Clevenger (*Chicago Medical Review*, February 20, 1880) would seem to be especially indicated in trichinosis, and experimentation with the drug in this disease might have results of value, not only as regards trichinosis, but also as regards the general action of mercury. The disease is one that admits of experimentation on animals, and on these the treatment might be first tried.

TRIALS FOR INSANITY. — A Chicago County Court jury returned the following verdict in a trial for insanity: "That her disease is of three years' duration; that the cause is heredity; and the disease with her is not hereditary." This verdict shows that the theory of trying a patient for insanity in the way a criminal is tried for crime does not answer well in practice.

INSOMNIA AS AN INDICATION OF PHTHISIS.—Logie (*Journal de Médecine et Chirurgie*, June, 1881) regards the insomnia which frequently torments persons otherwise in apparently good health, as often an indication of phthisis. While this opinion is a priori by no means improbable, but more extended examination is required to make the matter of any diagnostic value, as insomnia of a similar kind is so frequently a precursor of other affections than phthisis.

MYEDEMA.—The *New York Medical Record* mentions as one of the rare diseases to be exhibited at the International Medical Congress, a mysterious affection called "myedema." Can myxœdema be intended? The *Record's* reputation on nosological matters seems to be rising. In a recent review it objects to scorbutus as being a Germanism, and with this wonderful philological knowledge taken into account, myedema may be an attempt to Anglicize myxœdema; an attempt at nosological reform similar to the *Record's* "sulphate of oxygen" chemical reform.

THE BROMIDES AS A CAUSE OF INSANITY.

—At the last meeting of the American Neurological Association Dr. Bannister called attention to the manical excitement sometimes produced by the use of the bromides. Corroborative instances were mentioned by Drs. Hammond, Jewell, Spitzka and Seguin. Perhaps the best commentary on this paper is the recent suicide of a physician in a condition of frenzy produced by bromidizing himself for the prevention of sea sickness. This procedure has been so enthusiastically recommended for sea sickness, by the author of "Oh My," Dr. Beard, that it is about time some attention was called to the dangers of the process. The bromides have been greatly abused in the treatment of the neuroses, and it is to be hoped that a severely critical examination of their therapeutic use will be inaugurated by this paper of Dr. Bannister.

ALKALINE TREATMENT OF STERILITY.—Charrier (*La France Médicale*, May 24, 1881) has recently called attention to sterility produced by a case which he regards as but little known, but which has received considerable attention in the United States, namely, acidity of the utero-vaginal secretions. He concludes, First, that in certain rare cases in a perfectly healthy female, the utero-vaginal secretions may be acid enough to redden litmus paper. Second, that this acidity may prove an obstacle to fecundation, as spermatozoa die in a medium even slightly acid. Third, to remedy this normal acidity of the utero-vaginal liquid, an alkaline treatment (alkaline drinks and baths) should be used, and lukewarm alkaline injections. Fourth, that this acid state having been corrected, and the secretions having become neutral, the obstacle to fecundation is removed, and conception may take place. Fifth, that this disappearance of acidity under the influence of alkaline treatment explains the success with which sterility has been treated at alkaline and sulpho-alkaline watering places.

ETHICS OF SOCIETIES.—The Massachusetts State Medical Society has shown a proper regard for the respectability of the profession, by the expulsion of Dr. Calvin S. May, the late Superintendent of the Danvers Asylum for the Insane, for unprofessional and immoral conduct. It is now in order for the Association of Insane Superintendents to do likewise, but nothing of the kind is to be expected from that body. Superintendents are immaculate personages, even though they “paddle” their patients and none of their misdeeds are ever mentioned in the asylum organ.

THE CHICAGO TIMES notices the incorporation of the College of Physicians and Surgeons of Chicago with a capital of \$30,000. The incorporators are Dr. A. Reeves Jackson, Dr. C. Warrington Earle and Dr. D. A. K. Steele. Whether the graded system will be adopted is yet to be determined.

MALARIAL AFFECTIONS IN ANIMALS.—Delamotte (*Journal de Médecine et de Chirurgie*, June, 1881) claims that malarial affections are much more frequent among animals than is generally supposed, and regards this as the reason why so many European animals perish when brought into the damp plains of Algiers.

CASCARA SAGRADA AS AN APHRODISIAC.—The Mississippi Valley Medical Monthly seems to have discovered aphrodisiac virtues in this drug in relation to which it narrates the following anecdote: “A prominent physician of Memphis, who was taking a mixture of cascara sagrada and strychnia for constipation, discovered that the alkaloid was acting as an aphrodisiac; not being in need of such a remedy, he wrote a note to a neighboring druggist, in which he stated the case, and requested that the prescription be refilled, minus the strychnia. His messenger returned with the medicine and the following laconic reply in a short time: ‘Here’s your cascara; for Heaven’s sake send me the strychnia.’”

APOMORPHIA AS AN EXPECTORANT.—Beck (*Deutsche Medicinische Wochenschrift*, February 5, 1881,) claims that apomorphia is decidedly superior to ipecac, antimony or the ammonia salts in the treatment of primary or secondary bronchial catarrh. It is more particularly indicated in the first stage of the disease, when there is a dry cough, and sonoro-sibilant râles are present. In infantile broncho-pneumonia it is of value during the stage of resolution. Beck employs the following formula: chlorhydrate of apomorphia, one grain; dilute hydrochloric acid, twenty minims; syrup, one ounce; distilled water, four ounces; of which a teaspoonful may be given every hour to children between three and ten, and to adults, a tablespoonful. Considering that its expectorant properties have so long been known, apomorphia has made but relatively slight advance in the estimation of the medical profession as it is not much used.

LOCAL.

ILLINOIS STATE BOARD OF HEALTH.

At the June 30 meeting of this body, the committee to whom the question of granting licenses to practice to graduates of schools of midwifery was referred, reported as follows:

Whereas, Parties in this State have frequently taken out charters under the State law for establishment of schools of midwifery whose recognition by this Board becomes a question; and

Whereas, In every case such parties have been without ability or reliability; therefore

Resolved, By this Board that, while not desiring to discourage any reputable efforts to increase the knowledge and ability of those practicing obstetrics in this State, the Board finds it impossible to at this time recognize the certificates or diplomas of such institutions as a substitute for examinations by the Board, or as a sufficient basis upon which to grant a State certificate entitling the holder to practice midwifery.

The report was adopted. Dr. Clark offered the following resolution which was also adopted:

Resolved, That parties desiring an examination before the State Board of Health for a State certificate in any other but the English language may, at the discretion of the Board, have such examination by furnishing, at their own expense interpreters satisfactory to the Board.

The certificates of Charles Koler and Dr. Keely, of Dwight, were revoked on account of unprofessional conduct.

The following rules regarding the transportation of dead bodies, were then adopted:

1. The transportation of the bodies of persons dead of small-pox, Asiatic cholera, or yellow-fever is absolutely forbidden.

2. From Nov. 15 to March 15, all dead bodies may be transported without restriction, except that those dead of diphtheria, scarlet fever, typhus, or typhoid fever, in addition to being in a metallic or wooden coffin, and this inclosed in a tight wooden box, must be closely wrapped in a carbolated cerecloth, or some equally effective substance.

3. From March 15 to Nov. 15, all bodies presented for transportation must be prepared as described in the latter part of Rule 2.

4. Every dead body must be accompanied by a physician's certificate of death, a permit for transportation from the Clerk of the Local Board of Health, if any, and a written certificate from the shipping undertaker that the corpse has been prepared for transportation in accordance with the rules of the Illinois State Board of Health.

Drs. Rauch, Clark and Ludlam were appointed a committee to which was referred the matter of itineracy.

The Board then adopted the following resolutions relative to small-pox:

Resolved, That, in view of the occurrence of small-pox in this State in epidemic form through the dissemination of the contagion by immigrants arriving at the ports of the United States, the National Board of Health be and is hereby respectfully requested to secure the vaccination of all unprotected immigrants before they are allowed to leave the ports of arrival in this country.

Resolved, That the Illinois State Board of Health cordially approve the action of the Sanitary Conference held in Chicago on June 29 and 30 for the prevention of the introduction of small-pox into this country by immigration and its spread from one State into another, and will coop-

erate to the full extent of its power and means in the proposed effort to unite all health authorities in an organized plan of concerted operation to prevent the extension of this disease and to secure general vaccination.

Resolved, That in accordance with the above the State Board of Health respectfully and earnestly calls upon all health officers and Local Boards of Health in this State to secure a careful inspection of all immigrants entering the State, and a prompt vaccination or revaccination of all persons not thus protected against small-pox.

THE HEALTH DEPARTMENT

deserves great praise for its care of the health of the city. Chicago now takes the lead in all matters connected with municipal sanitation. In addition to the regular work of the department, a system of tenement house inspection was introduced at the beginning of this year, which is of almost inestimable value. There are about eight thousand tenement houses in the city. Each of these is to be inspected, and the facts regarding them recorded on prepared forms which take into consideration the location, name of owner, number of families and individuals, number of boys and girls under fifteen years of age, description and dimensions of building, number of rooms, and cubic feet of air space, condition of plumbing work, drainage and privy vaults, water closets and urinals and local sanitary condition. If there is any violation of an ordinance it is mentioned, and the action taken recorded. After this, remarks are made by the inspector. These reports are recorded and filed. By this means the Health Commissioner is able to ascertain at a glance the sanitary condition of any particular tenement house. In the event of a general epidemic the value of this unique system would be fully demonstrated. Referring to the sanitary conference held in this city, June 27, Dr. De Wolf states that the various health officers of the country there assembled, were unanimously of the opinion, and desired that the National Board of Health, through the President or other authority, should insist upon the vaccination of all emigrants before taking passage. Dr. De Wolf cordially approves this effort and considers that with it the disgraceful prevalence of small-pox in this country, and especially in the Northwest may be very greatly lessened.

*PROCEEDINGS OF THE MINNESOTA
STATE MEDICAL SOCIETY.*

FIRST DAY—MORNING SESSION.

The thirteenth annual meeting of the Minnesota State Medical Society began at Sherman Hall, June 21, in the city of St. Paul, Minnesota, at 10 a. m., the President, Dr. A. J. Stone, of St. Paul, in the chair. There was a large attendance. The Rev. Samuel G. Smith opened the day's proceedings with a fervent prayer, after which the roll was called, showing the following named physicians in attendance: Dr. E. J. Abbott, St. Paul; Dr. Clara E. Atkinson, St. Paul; Dr. F. Atwood, St. Paul; Dr. Otis Ayer, La Sœur; Dr. Wm. Baldwin, St. Paul; Dr. I. Bishop, Howard Lake; Dr. F. A. Blackmer, Albert Lea; Dr. S. Blood, Owatonna; Dr. C. H. Boardman, St. Paul; Dr. H. L. Coon, Northfield; Dr. J. Davenport, St. Paul; Dr. E. J. Davis, Mankato; Dr. F. Dedolph, St. Paul; Dr. L. P. Dodge, Farmington; Dr. J. H. Dunn, Shakopee; Dr. F. A. Dunsmoor, Minneapolis; Dr. G. W. Emery, Minneapolis; Dr. O. J. Evans, Minneapolis; Dr. T. H. Everts, Rushford; Dr. G. F. French, Minneapolis; Dr. A. W. Giddings, Anoka; Dr. A. O. Gilman, St. Cloud; Dr. Edith M. Gould, St. Paul; Dr. A. Guernon, Little Falls; Dr. D. W. Hand, St. Paul; Dr. H. S. Hershey, Stillwater; Dr. E. F. Horst, St. Paul; Dr. J. P. Humes, Winnebago City; Dr. D. W. Hunt, Fairmount; Dr. E. A. Hutchins, Minneapolis; Dr. Wm. Jacoby, Mankato; Dr. T. Jones, St. Paul; Dr. V. P. Kennedy, Litchfield; Dr. H. H. Kimball, Minneapolis; Dr. D. Leasure, St. Paul; Dr. W. L. Lincoln, Wabasha; Dr. S. H. Lindley, Minneapolis; Dr. T. T. Mann, St. Paul; Dr. B. Mattocks, St. Paul; Dr. A. Macdonald, St. Paul; Dr. W. W. Mayo, Rochester; Dr. C. F. McComb, Rush City; Dr. S. C. McCormick, Duluth; Dr. J. B. McGaughey, Winona; Dr. F. McGuire, B. E. City; Dr. R. S. McMurdy, Minneapolis; Dr. P. H. Millard, Stillwater; Dr. G. R. Moloney, Belle Plain; Dr. A. J. Murdock, T. Falls; Dr. J. H. Murphy, St. Paul; Dr. Jay Owens, St. Paul; Dr. E. Phillips, Minneapolis; Dr. Har't E. Preston, St. Paul; Dr. A. P. Rounsevell, Delano; Dr. S. B. Sheardown, Stockton; Dr. T. W. Sheardown, L. Benton; Dr. C. G. Slagle, Winnebago City; Dr. F. R. Smith, St. Paul; Dr. A. E. Senkler, Toronto; Dr. V. Smith, Duluth; Dr. D. A. Stewart, Winona; Dr. J. H. Stewart, St. Paul; Dr. E. H. Stock-

ton, Minneapolis; Dr. A. J. Stone, St. Paul; Dr. W. W. Sweeny, Red Wing; Dr. N. S. Teft, Plainview; Dr. S. S. Walbank, Duluth; Dr. A. Wharton, St. Paul; Dr. C. A. Wheaton, St. Paul; Dr. H. M. Wheeler, Northfield; Dr. N. K. Whittemore, Elk River; Dr. C. E. Smith, St. Paul.

Gen. R. W. Johnson was then introduced by the President and delivered the following address of welcome, on behalf of the citizens of St. Paul: "Gentlemen of the State Medical Association: It has been devolved upon me to bid you a welcome to the city of St. Paul. I can assure you that I do so with great pleasure, and yet I would that the pleasing duty had been entrusted to more able hands. Words are sometimes called 'hollow things,' and suavity is sometimes called acting, both embracing and concealing only emptiness, but yet words and personal address are, after all, real things, and when they represent truly an occasion or sentiment, are invaluable. Such true and fitting words are not always at one's command when they would have them. This poverty of expression I may frankly confess envelopes me to-day. I say to you, gentlemen, welcome to the city of St. Paul, but how shall I say it to make you feel it? I would not have you think this a mere formal utterance like a decorated piece of confectionery on an elaborate diuner table to be looked at, not partaken of, but to be reserved for some future occasion. I would bid you a welcome that you will feel is for you; and on account of something that pertains to you. You are here as the members of a great scientific school; you are the representatives of study, of research, of experience, and close observation. You are a part of the grand superstructure of attainment and discovery that mind and brains have been for ages erecting above the foundations of mere matter and a crude existence. You are here, too, the full character of all that you professionally represent, for the purpose of laying the foundation by consultation together of still higher attainments and more ingenious skill. The professions that are scientific, that call for a knowledge of subtle laws of nature by discoveries of hitherto unknown laws that give to man new powers, new agencies, dissolve old mountains of impediments, and multiply the old units of accomplishments by millions, cannot fail to command the respect, if indeed not the homage of all intelligent men. As we cannot have a mountain without a valley; as

we cannot have light without a shadow; as we cannot ascend without a possibility of descent, so we have in the midst of all the glory of our humane and æsthetical civilization, dark, dark spots of crime. Merely to seize and obliterate the criminal was the process of the far past. But one of the grand results and glories of your profession has been the analysis of the physical conditions attending and nourishing crime, and from these studies you have been able to distil a great many ounces of prevention, as well as compound most effective doses of cure. It is yours to stay the rashness of youth, to arrest the tipping elbow, to frighten away that demon, Excessive Pleasure, that with so many delightful sounds, so many airy graces, so many flaunting colors, and such fascinating titillation of the nerves, courts its victims, if not to early graves, to prison cells and death. In many ways it is yours to illuminate domestic and municipal shadows, polish the dark spots on private and public life, in a word to lessen and cure crime. It has been often said that man is full of trouble, and from my own experience I am inclined to think it is true. Mr. Beecher once emphasized this statement by adding, "And his first great trouble is in getting born." I cannot quote you my experience, for I have no recollection of the event, but I have no doubt I am indebted to some predecessor of yours for professional services on that auspicious occasion. To conclude, gentlemen, you embody the grandest profession of the age. Your decisions, your permissions and your denials interlace all civilized life and embrace all activities of commerce and invention. You conserve energies and regulate luxury, without your sanitary guardianship great cities would be impossible and great assemblies hazardous. Much of the world's enterprise, as to-day astonishingly conducted, would languish but for your assistance. Many achievements would have been lost the past in an early grave but for the recovery and aid drawn from your ranks.

In all these words I have not sought to exaggerate. I believe I speak simply the plain truth. There is much more I might say, if time permitted, of the hardships and manly devotions and personal sacrifices of the profession to which you belong. I am by no means unfamiliar with many of these characteristics of your professional life. My father was a physician. Three brothers of mine followed in his footsteps, and I have encouraged the succession by educating a

willing son to take a place in your humble ranks. You will not wonder, therefore, that it is a source of pleasure to me, gentlemen, to greet you here to-day. Be assured you are welcome, and I will only add that great as you are as scientists, as students, practically beneficent as you are from the very nature of your calling; whenever in individual character, to all that is professional, is added personal courtliness and Christian love and morality, you become angels of mercy; worthy namesakes of the Great Physician "in whom all live and move and have our being." Gentlemen, I bid you welcome to St. Paul.

Dr. David Leasure was then introduced, and on behalf of the Ramsey County Medical Society delivered the following address of welcome: "Members of the Minnesota Medical Society and Gentlemen: On me, as president of the Ramsey County Medical Society, devolves the pleasant duty of bidding you a hearty welcome to your capital city, the metropolis of a new empire. It affords me much satisfaction to do this at the request of the worthy president of the State Society, and as this is likely to prove a very interesting and responsible meeting, on account of the prospective meeting of the American Medical Association in St. Paul next June, it may not be deemed presumption in me to briefly allude to it at this early stage of your proceedings. During the forty years that I have been in the profession, many changes have taken place, a few of which, while you bear with me, I will enumerate, but it will be impossible to give more than a glance at even those few, for ours is a progressive science, and after centuries of wrangling over theory and dogma, we have learned to take truth wherever we find it, and apply it to the healing of the sick, regardless of its origin. We have learned to be taught even by an enemy, and some of our most valued progress has been made under the flagellations of professed enemies. We have progressed quite as much in unlearning hoary errors as in finding new truths. There have been many contributions to knowledge added to the discoveries of the fathers and the experience of their successors, and there are still more suggested or asserted discoveries, in the several branches of science that constitute the basis of scientific medicine, which are on trial, and we should bring to the investigation of them, minds free from bias and subject them to prolonged critical examination and experimentation, before

accepting them as articles of faith and practice. There can be no doubt that many erroneous ideas and erroneous practices based upon them have prevailed in all the history of the profession, and is too much to hope that ours can ever become one of the positive or exact sciences, for the reason that we have to deal with that subtle entity, or correlation of forces, which we, for want of a better name, call vitality. Chemistry, the microscope and vivisection, have done much to elucidate the opinions held relative to organizations and their functions, and separate apparently simple organizations into many parts, but still the doubt remains whether these apparently ultimate parts are not capable of further separation, proving their still complex nature and diversified individuality. A fair example of my meaning will be found in the changes of opinion, fortified apparently by experiment, on the nature of cell life and cell development, that have taken place in the last forty years. We thought we had it all settled then, but now we are not quite sure whether even our present demonstrated truth may not prove the threshold demon guarding the entrance upon secrets still beyond. It may be taken as a rule, that the man who draws the finest distinctions, and detects the slightest changes from normality, in making a diagnosis, is very human, and liable to err. There have been many noted improvements in the art of surgery, prominent among which are Esmarch's bloodless operations and Lister's antiseptic methods. Twenty years ago, gynæcology, as a separate department in the science of knowing, and the art of healing diseases of unimpregnated women, was almost unknown in the profession. It had no literature, and its pioneers were almost tabooed from the higher circles of scientific physicians and surgeons, and their researches and methods were sneered at as immodest and immoral. The speculum was denounced as a most shameful invention to violate the modesty of the sex, and exposure of diseased reproductive organs a shameful innovation of the sanctity of nature's arcanum. Fortunately, alike for science, and the victims it sought to help, the victims themselves could see no impropriety in placing themselves unreservedly in the hands of those who sought to help them, and submitting to all the necessary investigations and applications for a correct understanding of their maladies and the means of relief, and to day some of the brightest minds and most skilful operators

in the world are found in the ranks of the new department, and thousands upon thousands of women redeemed from woes unutterable, live happy, enjoyable lives, returned from the borders of Hades to bless the lives of those to whom they are all in all, to human felicity. Having been one of those who arrived at a practical knowledge of many of the leading truths in gynæcology through much tribulation twenty-five years ago, I can speak from experience of the disappointments and discouragements attendant upon those who, in those days, departed from the beaten track of self-satisfied conservatism. But there is danger of having too much of a good thing, and the very success of early gynæcologists, have invited many to enter upon the practice of gynæcology, without having previously acquired an experience in general practice, sufficient to fit them for a specialty, so wide-reaching in its relations to the general economy of the sex. Within my own recollection the transient literature of the profession has grown from a few meagre monographs, into colossal proportions. Forty years ago the journals were all quarterly, half-yearly and annual. The American Journal of Medical Science, The New York Journal, and one or two others, comprised the whole journalistic literature on this side of the Atlantic, while the London Lancet, Braithwaite's Retrospect, Ranking's Abstract and the British and Foreign Medico-Chirurgical Review, constituted all the foreign journals reproduced in this country. Now the journals are legion, and published monthly, fortnightly and weekly, and all are filled with new and interesting matter. But here again there is a tendency to plethora, and much of the matter published is introduced more to fill up the columns than to convey new or useful information. Many contributors have not read what has been published long ago, and as soon as they find something new in their experience, take for granted that it is a discovery, and rush into print and cackle over it like a pullet over her first new laid egg, as if there never was such an egg. Time and further experience will correct this tendency in most men, but there will always remain a few, who are constitutionally scribbleomaniacs, for whom there is no sure cure. Some of the new journals are ostensibly medical journals, but are really little more than advertising adventures, to bring into notice certain new remedies, or proprietary mixtures or pills, to the profit of the inventor or manufac-

turer. Some of these are sent us regularly as specimens, till our tables are littered with testimonials from leading physicians and theologians, bearing witness to the efficiency of certain proprietary medicines or mineral waters. Even that much abused creature, cod liver oil, is subjected to the tortures of the alembic, and comes to us bespangled like Joseph in his coat of many colors. There has never been one of these tangential offshoots of Hippocratic medicine that has not lopped off some crudity from the tree of knowledge, or left some shoot of truth, that properly engrafted, has not borne good fruit in after years. Leaving out the details of the older innovations, we will allude only to those of our own day, Thompsonianism, Preissnitzism and Hahnemannism. Thompsonianism took its rise from an obscure non-professional source, and aimed its shafts at the notorious professional abuse of the lancet and mercury. Thompson railed against all depletion except emesis, and against all metallic remedies of every kind. He promulgated a vegetable materia medica, free and simple, and rung the changes from lobelia to elecampane and number six. He was followed by that crowd of enthusiasts, who having more zeal as iconoclasts, than knowledge of the art of substituting better objects of worship, and his principal followers were the disciples of Alexander Campbell, the founder of the sect of Christians who, from being known as Campbellites, are now known as the "Disciples." The first Thompsonian doctors were men who had failed of success in other callings, and felt a call to be a doctor, and having no preliminary education, or at least but a smattering, were for a long time subjects of ridicule, but after a time, some men of considerable education were found amongst them, and they changed their designation from Thompsonian to Eclectic physicians, and established some eclectic medical schools, and devoted their energies to the study of the medicinal properties of vegetables, and had provings and experiments, and have given us to-day some of the most valuable vegetable alkaloids in our materia medica, while they themselves have gradually ceased to be exclusively herb doctors, and in many cases assimilate with the regular profession, and are no longer "new school doctors." The school of Preissnitz was of German origin, and during its short period of aggressive practice, accomplished a great deal of good to the profession and

the world at large. Previous to the advent of the water cure, there was a mild form of hydrophobia, which prevailed all over the world, and made it almost impossible for the intelligent physician to prescribe water externally or internally in the treatment of disease, because the popular mind inclined to hot measures, and had a horror of taking cold from the application of cold water. In disabusing the public of its foolish prejudice, the water cure redeemed many thousands of filthy people to habits of personal cleanliness, by soaking themselves in wet packs for several hours daily, and gave the profession carte blanche to avail itself of the popular wave, and use cold water as an agent of very great power, when properly applied. But being a very potent agent, it sometimes chilled a feeble patient to death in the pack; and not satisfied with the original simon pure water cure, its votaries added a rigid system of antiphlogistic dietetics indiscriminately to all comers, and many feeble patients who might have survived the pack, the douche and the sitz bath succumbed to slow starvation. As a system, or school, it is rapidly passing into history, but its real adaptability to many varieties of inflammatory and febrile diseases, has descended as an heirloom to those who, aided by a knowledge of correct principles, use it with skill and judgment. Hahnemann claimed to oppose teachings of Galen who believed that all diseases originated in the fluids, and should be treated by medicines that counteracted the poisons therein. Some of the members of the profession practiced on the principle of using opposites, yet for many centuries physicians have been emancipated from the Galenic dogmas, and for more than two centuries there have been no savants in the profession, who have taught allopathic doctrines. The truth is, Hahnemann set up a man of straw, that he might have the glory of knocking him down, to the admiration of his followers and disciples. There need be no better evidence of this, than the persistence with which the batteries of Similia shout their battle cry of "down with allopathy," while they know, if well informed, as some of them undoubtedly are, that there is not, and has not been, an allopathic school in the profession for centuries. But it is so easy to fight a foe long since dead. The better informed use the text books of the regular profession on all branches but that of therapeutics, and even in their schools the works of Ringer and Phillip are

text books in therapeutics. It may then be taken for granted that the grand distinctive doctrines of Hahnemannism are undergoing revision amongst his followers, and if they are met in a kindly spirit by the profession, whatever truth remains, will be absorbed by scientific medicine, and the profession benefitted to that extent, while all that remains of pure dogma will be abandoned by all reasonable men, and retained only by a poorly educated and superstitious remnant. Meanwhile, the grand old profession will move on, its banners inscribed with a roster of the names of its great lights, and the enumeration of its discoveries and inventions for the amelioration of human suffering, its efforts to teach the nations the laws of health, whereby great epidemics will no longer depopulate and lay waste whole provinces, destroying a nation in a night, leaving lamentation and wailing the mournful heritage of survivors. No longer bound in the fetters of pure dogma, it moves along, a mighty republic of intellect." Dr. Abbott, from the Executive Committee, made a verbal report of the year's business. Dr. Boardman read a paper on medical jurisprudence, sent him by Dr. Hewitt, the subject being, expert testimony in courts, in trials for malpractice. It alluded to the frequency of prosecutions for malpractice, most of them evidently inspired by malice or the hope of pecuniary advantage, and urged that the association take some means to remedy the evil by appealing to the legislature to enact a law on the subject. It was proposed that medical experts be regularly organized in all the courts, subject to being called upon to give evidence in all cases involving questions of medical practice. Dr. Boardman explained that before knowing that Dr. Hewitt had intended to treat of this subject he had himself written a paper on the same theme, which he proceeded to read. He took substantially the same ground as Dr. Hewitt, though treating the subject more exhaustively. Dr. Taft offered a resolution for the publication of the two papers in pamphlet form, for distribution among the prominent citizens of the State. Dr. Millard moved to amend by appointing a special committee of five on medical legislation, with Drs. Wedge, Hill and Sheardown as members, these gentlemen being now members of the legislature. The subject was debated at considerable length by Drs. Taft, Millard, Blood, Davis and Murphy, and Dr. Millard's motion adopted.

The papers were referred to the Committee on Publications. Dr. Millard, a delegate to the American Medical Society, reported that that body had decided to hold its next annual meeting at St. Paul, on the second Tuesday in June, 1882. Dr. Mayo, from the Committee on New Membership, reported the following as proper persons to be admitted to the Society, and the persons named were duly elected: Dr. J. G. Kittson, St. Paul, McGill Medical College; Dr. W. B. Flinn, Redwood Falls, Rush; Dr. A. T. Conley, Cannon Falls, Iowa State; Dr. F. R. Woodward, Claremount, Rush; Dr. James J. Dewey, St. Paul, Rush; Dr. Winthrop Miller, St. Paul, Harvard; Dr. Thornberry Parker, St. Paul, Munich; Dr. J. F. Ritchie, Duluth, McGill; Dr. Frank F. Bissell, Litchfield, Cleveland; Dr. Philo E. Jones, Red Wing, Cincinnati; Dr. W. A. Jones, St. Peter, University of New York; Dr. Wm. Frisbie, Mankato, University of New York; Dr. C. E. Riggs, St. Paul, Baltimore; Dr. James A. Quinn, Physicians and Surgeons, N. Y.; Dr. A. Blitz, Minneapolis, Cincinnati; Dr. A. E. Senkler, Toronto, McGill; Dr. T. C. Clark, Stillwater, Physicians and Surgeons, New York; Dr. Thos. Quinby, Minneapolis, Physicians and Surgeons, New York. The resignations of Drs. S. E. Armstrong, A. B. Stewart and DeBlond, were received, they having removed from the State. The two latter were made honorary members.

AFTERNOON SESSION.

Promptly at two P. M. Dr. Stone called the Society to order. The Committee on Necrology, Dr. Mayo, chairman, requested and obtained further time to report, and none of the members of the committees on medical societies and education being present, Dr. Sheardown, the treasurer, presented his report, which showed \$179.73 on hand, and expenditures during the year of \$289.42. The report was referred to the Finance Committee. Dr. Rolf, of Fargo, was on motion invited to take his seat with the Society, and take part in its deliberations. Dr. Blood, from the Committee on Practical Medicine, reported that he had no report to make. Dr. Millard, of Stillwater, from the Committee on Obstetrics, read an interesting report in which one of the physicians, written to for information gathered from his practice, said he believed the four requisites for a good obstetrician were "chloroform, forceps, a skillful hand and good sense." The majority of testimony seemed in favor

of the use of forceps discriminatingly, and physicians reporting were almost unanimously in favor of their use in cases of prolonged labor, as by them the mother can be relieved of abnormal and weakening suffering. All agreed, however, that the utmost care must be observed in the use of instruments to facilitate delivery. The foreign born population largely employ midwives, and, consequently, physicians are called in principally when the presentation is unusual and forceps needed. The committee, in summing up, stated that the advances in the branch of obstetrics have been fully equal to those in surgery and practice. Dr. Schlegel, of Winnebago City, read an interesting paper on the use of the lancet and chloroform in case of puerperal convulsions, giving a résumé of a case which had been under his charge. Dr. D. W. Hand was listened to with marked attention during the reading of his monograph on the use of obstetric forceps. His wide experience and proved skill gave weight to his opinion that the forceps were a blessing and should be used whenever it was discovered that the os uteri is fully distended and the head of the child making no progress. The doctor gave full descriptions of the position of the patient and the method of using the instrument, of which he favors the longer sort. Dr. Lincoln, of Wabasha, followed by reading a thoughtful paper on puerperal mania, of the symptoms of which peculiar psychosis he made full mention, as well as the methods of treatment his practice had led him to believe most efficacious. The report of the Committee on Obstetrics and the accompanying papers were, on motion, referred to the Committee on Publication. Dr. Talbot Jones read a lengthy and exhaustive report, made up, principally, of answers from various physicians of prominence throughout the State to a circular from the Committee on Epidemics, Climatology and Hygiene, sent out by the committee, propounding numerous questions germane to the subject. The report of Dr. Schlegel dwelt particularly upon the prevalence of an epidemic form of disease, called by various names, such as "mock measles," "rubeola," and "rötheln," akin to scarlatina, and principally interesting from the uncertainty attending its origin and pathology. It is generally regarded as infectious, though not at all dangerous. It is not confined to children, and yields readily to treatment. Numerous cases were cited to give more fully the particulars attending the infection

and the methods of cure most employed. Dr. Davis contradicted the idea that diphtheria had been more than usually prevalent in Mankato during the last season. The fatal character of true diphtheria was pointed out, and the inability of physicians to cope with it as yet. A report was given of the prevalence, in an epidemic form, of puerperal fever in the locality of Perham, on the Northern Pacific Railroad. The disease is almost universally fatal, has taken its rise among the Poles settled thereabout, and is confined to persons of that nationality. These Poles are exceedingly superstitious, and believe that an old woman who is without children has bewitched the neighbors and brought about the disease. So strong was the feeling that the poor old creature was compelled to leave the country. The disease is described as being contagious. The report of the committee was referred as usual. On motion it was decided to refer by title to the Committee on Publication all reports which would require more than fifteen minutes to read. The chair announced that a Committee on Jurisprudence, called for by Dr. Millard's resolution would consist of Drs. Boardman, Hill, Sheardown, Wedge and Murphy. Dr. Atwood's report on the eye was referred by title, and the same gentleman read an instructive report on the ear, illustrating it by means of an enlarged engraving of the organ, with tympanum, Eustachian tube, etc., fully displayed. The report dwelt upon the great advance made in otology and stated that the ear was no longer a sealed mystery to the physician. The use of the ear douche was described, and many cases cited in further illustration of the subject, deafness and discharges consequent upon scarlet fever, measles and cognate diseases being referred to and the treatment detailed. On motion of Dr. Atwood it was decided to appoint a committee of three, which should take into consideration the subject of color blindness with a view at statutory action thereupon. Dr. Atwood's report was referred to the Committee on Publication. The chair announced as the Committee on Color Blindness Drs. C. E. Smith, Lincoln and Evans. A resolution was offered that the Society raise a certain sum of money for the entertainment of the American Association in St. Paul next June. Dr. Leasure stated that from what he knew of the citizens of St. Paul they would take pride in providing all needed funds and entertainment for the purposes mentioned, and the resolution was

withdrawn. The Society then adjourned until 8 P. M., to meet in the parlors of the Merchants Hotel.

EVENING SESSION.

At eight in the evening the main parlors of the Merchants were filled with a happy crowd of physicians, who laughed and talked, told professional stories and recounted jokes played on each other and on themselves, with all the gusto which characterizes the professional man of grave responsibility when time and circumstances allow him to unbend. An hour or more passed thus, the exercises were purely of a social character, when Dr. A. J. Stone, the president of the Association, invited all present to repair to the main dining room and partake of a banquet ordered by him. A more courtly host than Dr. Stone ne'er occupied the head of a table, and the hundred or more guests showed in their countenances that they expected a merry time. They were not disappointed. The edge of manly appetites taken off, and the bounteous provision done ample justice to, chairs were moved back and vest buttons slyly loosened, that fuller enjoyment of intellectual pleasure might be secured. An unexpected delight was in store for all, however, and when the first fusillade of champagne corks had ceased, Messrs. Buckalew, Wood, Draper and Manner stepped to the piano in the upper part of the room and sang, in a way to stir enthusiasm in the most sluggish, Zollner's "Where Would I Be"?

The music ended. Dr. Sheardown rose and thanked Dr. Stone, in the name of the Society, for all his faithful service and uniform courtesy. The host replied happily and concisely, and asked Rev. S. G. Smith to take the further burden of response off his hands. This Mr. Smith did in a few well-turned phrases, he being followed by Gen. John T. Averill, who spoke, blending humor and pathos. Drs. Mayo and Hewitt also spoke, and the singers being rested, were again called for. Responding, they gave "The Toast" by Zollner, in a way that made the wall re-ring and echo with melody. Dr. E. C. Dudley, of Chicago, was called on and spoke pithily and acceptably. Speeches were made by Drs. Murphy, Fenger, Sweeney, and William Manner sang Diehl's "Moss Trooper" with such good effect that a hearty encore was accorded him. Dr. Day, Dr. Tefft, Dr. Wedge, Dr. Kennedy, Dr. Stewart and Dr. Dunsmoor made short and pithy speeches, each elicit-

ing hearty laughter or ready applause. The St. Paul favorite, W. R. Buckalew, sang that grand bass solo "A Sentinel am I," and an encore "The Stirrup Cup," rendering both in such styles that the hearers applauded over and over again. Dr. Stewart, of Winona, whistles like a mocking bird, only better, and to the accompaniment of Frank Wood whistled the Last Rose of Summer and the Mocking Bird like a piccolo, flute and hautboy combined. Three cheers and a tiger for Dr. Stone were given, and glasses were heartily drained in his honor. Dr. Wheaton spoke in behalf of the young men, and Dr. Sinclair in response to a call upon himself. Several more speeches were made, Dr. Talbot Jones being one of the speakers. Songs were sung, and the jollity kept on into the early hours of the morning.

SECOND DAY—MORNING SESSION.

The Society was called to order by Dr. Stone, and prayer was offered by Rev. D. R. Breed of St. Paul. The regular business was immediately taken up and the report of the Committee on Medical Societies was read by Dr. Jacoby of Mankato. It embodied numerous reports from the various societies in the State, and was, on the whole, of an encouraging character. Dr. C. A. Wheaton, of St. Paul, from the Committee on Surgery, read a more than ordinarily interesting paper, in which a case of extirpation of the larynx for cancerous trouble was detailed in full. So rare is this operation that up to 1880 there had been but nineteen such performed in Europe, including Great Britain. After Dr. Wheaton had finished, the thanks of the Society were tendered him by the Society, on motion of Dr. Millard of Stillwater. The report, as also Dr. Jacoby's, was referred to the Committee on Publication. Dr. Horst of St. Paul, next reported on orthopaedics, illustrating the report by two of his patients, who appeared before the Society with the paper jackets in which the doctor had enclosed their bodies to give the proper support and direction to the spine. Dr. Dunsmoor, by permission, referred his report on medical education by title, to the Committee on Publication, and the same action was taken, as to Dr. Dodge's report on diseases of children. Dr. Davenport reported on materia medica, reading a portion only of a highly interesting paper, in which the strides made in the fields of discovery were referred to and numbers of specifics mentioned. The re-

port was referred as usual. Dr. French gave an abstracted report from the Committee on Gynæcology, the report in full being referred, as were the proceedings. Dr. J. B. Moffitt of Minneapolis, was elected to membership, and it was decided to suspend the regular order and proceed at once to the amendment of the constitution and by-laws, to allow those members who had to leave by the afternoon trains opportunity to take part in the business referred to. The election of officers for the ensuing year was made the order of the day, the following gentlemen being put in nomination for the position of President: Dr. C. N. Hewitt, Red Wing; Dr. V. P. Kennedy, Litchfield, and Dr. R. S. McMurdy, Minneapolis. Drs. Sheardown (Stillwater), Dunsmoor and Owens were appointed tellers, and it was decided that the first ballot should be an informal one. It resulted as follows: Twenty-six votes for McMurdy, ten for Kennedy, forty-two for Hewitt, and one for Stone. The Secretary was instructed to cast the ballot of the Society, making Dr. Hewitt the unanimous choice of the members for President. Drs. Wallbank, of Duluth; A. J. Murdock, Taylor's Falls, and A. E. Senkler, St. Paul, were in like manner chosen as first, second and third Vice Presidents, respectively, and Dr. D. B. Sheardown was elected Treasurer, Dr. C. A. Boardman, Recording Secretary, and Dr. Force, Corresponding Secretary. The amendments to the constitution, as previously decided upon, were adopted as a whole, and the Board of Censors herein provided for, were elected as follows, the first two to serve for three years, the next two for two years, and the others for one; For three years; Drs. Hersey and Leasure. For two years; Drs. Jacoby and Geddings. For one year; Drs. McGaughy and Cone. The third vice-president is ex-officio president of the Board of Censors.

Dr. A. J. Stone, the retiring president, then delivered an eloquent annual address:

"Gentlemen: In accordance with custom I am expected to address you and place before you such suggestions as may have occurred to me during my term of office, and which will in my mind tend to the advancement of our society or to the honor of our profession. Of the advance which our profession has made in almost every field since our last meeting, I do not feel called upon to speak; I should but imperfectly summarize facts which are familiar to all of you, and in a much less eloquent manner

than it has been detailed by others within the past few months. I am satisfied from my observation during the past year that no suggestion is needed from your president to ensure active work and hearty co-operation upon the part of every individual member of the society to the end that this association may honor the profession in its existence. But after deliberate consideration, I do feel constrained to call your attention to the written law which is supposed to govern our actions in all matters professional. In drawing your attention to the 'code of ethics,' and in asking you candidly to consider such criticisms as I shall present to you in no carping spirit, I am aware that I am treading upon what seems to be forbidden ground. The code, since its final adoption, has apparently been laid upon the shelf by the side of the family bible, to be treated with almost as much reverence, to be read quite as seldom, and to be quoted only when its provisions enable one to discipline a rival, or to exclude him from the benefits of professional affiliation. A judicial consideration of the code forces the conclusion that much which it contains is gratuitous insult to the profession, and more, is rather calculated to amuse than to impress with respect the mind of the layman. There is not a clause or sentence in the first two articles which is not absolutely true; but, should the self-evident truths contained in article first be held constantly before the physician, as if by nature he were a brute who is to be taught the ordinary laws of humanity, a fool who must be taught wisdom in the management of his patients which instinct alone will inculcate; a knave who must be withheld from empiricism, or a man without the instincts of a gentleman. Granted that men enter the ranks of the profession to whom the epithets of 'fool,' 'knave,' or 'clown,' apply, of what value are the platitudes concerning brotherly love, or to what good is a formulated code defining the relations of medical men to the public or to each other? Among gentlemen, such a code is unnecessary; among pirates, it only serves to foster a cathauling hostility; as between a gentleman and a pirate, any difficulty which may arise is not to be satisfactorily settled by a reference to any code because the standpoint from which each looks at matters differ too widely; nor are the penalties which the code imposes such as to deter a real rascal, nor is that unsovereign body, the medical profession, able to enforce its laws

rigorously. In general, the same criticism apply to article second, where, hidden from their sight, are instructions to patients upon points which can be determined only by individuals and their circumstances, and I fear that, in a large majority of cases, the patient would resent as an impertinence the existence of this portion of the code were his attention once called to it. Of the duties of physicians, for the support of 'professional character,' section one, contains, in my judgment, an unsound element of legislation, inasmuch as it requires all members of the profession to 'observe strictly such laws as are instituted for the government of its members.' While, in a limited sense, this is all well enough, yet, extended too far, it is vicious, and tends, not only to impair the usefulness of the profession, but is repressive in its effect upon the genius and the independence of progressive men. To the clergy, who deal simply with faith, dogma is necessary, but we, who deal with facts, and the practical application of their conclusions, are peculiarly exempt, by the very order of nature, from any provisional code which subjects or claims the right to subject our thoughts or methods. Section three has, perhaps, been more frequently the cause of wrangling and the pretext for prosecutions than any other section in the code. No section is more openly and constantly violated and with greater impunity than this one. In this city, I believe it to have been violated at least once monthly by one regular physician for the past twelve years, and yet the individual has never been brought to task for his delinquencies by either the state or county society, of both of which he is to-day a member in good standing, and I believe the reason to be that the large majority of the members of the Society do not believe in the justness of the law, or occasionally evade its provisions themselves, or, to their credit be it spoken, are not willing to use the law as a weapon with which to revenge personal grievances. Any one may advertise his craft to an extent and in a manner which is disgusting, but in the medical profession the boundary beyond which one cannot step without breaking the rules of decency must of necessity be very sharply defined. One cannot advertise his brains as he can merchandise; but that the specialist should be prohibited from calling attention to the fact that he is practicing a specialty, or that the regular physician should be prohibited from advertising his place of business and

business hours seems to be an absurdity. In cases of accident or of great surgical operation, where peculiar circumstances attending the patient do not, through motives of delicacy, render their publication inadvisable, I believe that as a matter of news called for by the public, the press has the right to all the particulars, including the names of the physicians in attendance, and that the particulars should, as a matter of justice to prevent error, be furnished by the physician himself. The press of to-day is the power of the land. It is the great educator and the great leveler. It makes and unmakes more men than any other influence. It pricks bubbles and inflates them; its good will is eagerly sought by the clergy; is heartily appreciated and utilized by the lawyer; and through its columns even the usefulness of the army is aided or impaired; it is at once the greatest aid to true religion and the greatest enemy to sham; the greatest power in forcing justice through the moulding of public sentiment which sits behind every jury, and the greatest stimulant to patriotism in the ranks of the army. To every profession but the medical, the record of good work done, the praise, the blame, is a stimulant to further exertion, to better action; and withal a powerful lever to use in forwarding the honorable and legitimate ends of their professional life. I do not here argue that it is or is not decorous to advertise, but that it is not in the province of a code to determine the question. If the code were abolished, but a short time would elapse before the good sense of the profession would, through an unwritten law, much more powerful than any written code, settle the question emphatically, and the guilty of constant violation of good taste, speedily be ostracised from professional affiliation by common consent. Article four, of the duties of physicians in regard to consultations, section one, states a truism in holding the only professional evidence of professional abilities and acquirements to be a regular medical education, or a stated equivalent thereto, but the policy of its deduced conclusion that all others should be excluded is doubtful. The first duty of the profession is to the public. Any step, therefore, which it can take to secure public welfare, is taken in the right direction. The avowed object of this rigorous exclusion of all irregular practitioners from the benefits of consultation is to set the seal of public disapproval upon them and indirectly to force them out of professional existence, in the interests of

public welfare. That this result is devoutly to be hoped for, I am the last to dispute. But, does this means best accomplish this end? Or, does this method appear to the public rather in the light of persecution, and therefore, in reality, tend to keep them in existence, upon the principle that the blood of the martyrs is the seed of the church? The law of the survival of the fittest should nowhere hold good to a greater degree than among medical men, regular and irregular, and if, with our vaunted superiority, we fail to serve when put to the test of bedside association, then, and then only, can we be justified, as a matter of self-protection, in holding aloof from them, and insisting upon the rigorous enforcement of the rule above quoted. Many a life, valuable to the state, is sacrificed through unwillingness of the patient to wound the feelings of an irregular practitioner by a dismissal and the employment of a regular (a step which, with his limited knowledge of the relative value of his attendant's services as compared with those of some regular, seems to be a leap in the dark), and inability to procure a consultation from the regular, which would not only save his life, but illustrate the difference between one who after a regular education was at liberty to utilize the accumulated wisdom of all men, and to prescribe any medicine in any doses which seemed to him wisest, and one whose teaching limits him to the practice of a dogma to the exclusion of many an indisputable fact; or worse, with one who has had no teaching to limit him to anything. We may, perhaps, feel the freer to discuss this matter from this standpoint, inasmuch as so conservative a journal as the British Medical has opened its columns for its discussion. In my opinion the code, as it stands, obliges us to protect the 'regular' ignoramus sometimes to the detriment of his patients, while failing to permit the educated regular the use of the powerful weapon, knowledge, ever ready at his command for the discomfiture of the irregular practitioner. As to the remainder of the code I can but ask the question, Cui bono? Do we need to be taught that we should treat each other as gentlemen? That we can commit a greater larceny than that of purse? That it is more our duty to prevent than cure? If these questions must be answered in the affirmative, then is our vaunted nobility, upon which so many changes have been rung, a myth. Conservative men, and, indeed, all

who oppose the reformer or reviser, are prone to call him an iconoclast and to inquire what he will set up as better than that which he has cast down. The most powerful government of the world to-day has no written constitution and our country is fast drifting toward the same condition. Unwritten law is everywhere more powerful than the written. I would destroy the written code, that one unwritten, of vastly more force, might arise from its ashes, and would suggest as a remedy for the evils for which it endeavors to provide, the one omnipotent force in man, knowledge. I would insist upon such preliminary education before the student entered upon his medical course, that not only was his mind fitted for the reception and retention of the vast truths of the science, but his moral nature developed to such an extent as no other means can accomplish; and his gentlemanly instincts brought out and enlarged, as constant intercourse with society men during his academic course cannot fail to do. Then such a medical course should be insisted upon as would leave no superficial training, no cramming of facts for special occasions, to be forgotten as the occasion passes, but a course of instruction passing over a period of from four to seven years, which is the minimum time in which a knowledge of our science adequate to our duties can be obtained. The first generation of such physicians would need no code to teach them to be men. But some of the evils which our code attempts to reach cannot be cured by elevation of the professional standard, and we will find it necessary to apply the touch-stone to the people. Insist that the children shall be taught anatomy, physiology and chemistry, *pari passu* with their ordinary studies, increasing their knowledge in these branches proportionately as they advance in their academic studies until they are prepared to understand and efficiently assist the scientific physician in his effort for their welfare, and are able to recognize of their own knowledge the educated scientist from the dogmatic ignoramus. Throw aside all superstition attached to the profession of medicine, take time and pains to make its positive laws plain and simple to the popular mind, use the press and the platform to educate the masses up to a point where they can use their reasoning powers upon our profession as upon other matters concerning their daily welfare. The first generation of such men and women would never hesitate between quack and scientist.

Evils exist in and out of the profession which no code written or unwritten can reach. Peculiarly do they exist in this country where constant immigration from the most ignorant classes of the old world is encouraged. Here, paternal government and restraint, if in the spirit of our institutions it be justifiable, is surely right, and for the protection of the people unable through ignorance to protect themselves the state should legislate that no physician should be allowed to practice within its boundaries until he has given evidence of his thorough qualification. In presenting these thoughts for your consideration I do not wish to be understood as advising disobedience to the code so long as it exists as the law of the profession. For more than twelve years I have practiced medicine among you, and I defy any physician to say that I have ever violated the code in letter or spirit; and so long as it continues the law, I shall render obedience, though questioning its wisdom. I trust that I may yet see our code abbreviated to one which simply requires every member to so conduct himself as becomes a physician and a gentleman.

By a rising vote, the thanks of the Society were tendered Dr. Stone, and he was requested to furnish a copy of his address to the secular papers for publication. The Committee on Color Blindness reported a resolution heartily approving the proposed action of an international commission on the subject, and the secretary was instructed to forward the resolution, as adopted, to Senator McMillan, for presentation to Congress at its next session. Drs. Hand and Sweeney were appointed a committee to bring the new president to the hall in the afternoon, and the Society then adjourned until 2 P. M.

AFTERNOON SESSION.

The meeting having been called to order in the afternoon, the chairman of the Finance Committee reported that the accounts of Treasurer Sheardown had been examined and found correct. On motion of Dr. Talbot Jones, a vote of thanks was given to Gen. R. W. Johnson for his acceptable and eloquent address of welcome. A paper on the relations of ophthalmology and otology was read by Dr. Blitz of Minneapolis, and referred to the proper committee. Dr. Hewett was then conducted to the platform by Dr. McSweeney and inducted in his seat by the retiring president, Dr. Stone, in a

few well-chosen words, to which he as happily replied. Dr. C. S. Bigelow of Albert Lea was admitted to membership in the society. Dr. Schiegel of Winnebago City was the first to make a verbal report of cases, illustrated by specimens preserved in alcohol. One specimen was of a tapeworm, and it was related that the patient from whom the specimen was taken had passed, in all, two hundred and thirty feet in less than a year. A discussion was had in which many of the physicians took part, and many interesting facts were elicited. Dr. Hill of Wabasha related a case of broken catheter, left in the bladder. Dr. Stone of St. Paul explained the use of two obstetric forceps, different in shape of the handles. Dr. Murphy, St. Paul, made special report of three cases of fractures, one of the tibia and fibula of nine months' standing, and the others of the pelvic bones. Dr. Sheardown, Stillwater, introduced a resolution that additional numbers of the proceedings be published sufficient to supply the delegates to the American Medical Association which meets in St. Paul next year. Adopted. Physicians in outlying localities were advised that in order to be authorized to send delegates to the American Medical Association they must form county organizations. The basis of representation is one for every ten members. Dr. G. W. Graves, Glencoe, was admitted to membership. It was decided that the State Medical Society when it adjourned did so to meet in St. Paul at 9 o'clock A. M., on the first Tuesday in June, 1882, the American Medical Association meeting at 2 P. M. The chairman was given until one week before the publication of transactions to make up the committees, and the Secretary is to notify the chairman of each committee of his appointment. The Society then adjourned until 9 A. M. the first Tuesday in June, 1882.

ECZEMA OF THE SCALP.—Vidal (*Progrès Médical*, March 5, 1881,) has found that in certain cases of eczema of the scalp, complicated by impetigo, lotions, of a decoction of walnut leaves, besides evening and morning frictions with glycerated starch and oil of cade, have proven of great value. The numerous remedies which from time to time appear in the medical journals as of value in this condition, show its great intractability.

CONTRIBUTIONS-

THE CURE OF STONE IN THE BLADDER BY LITHOTRITY.

BY REUBEN A. VANCE, M. D., CINCINNATI.

The following case illustrates one or two points of interest to surgeons compelled to deal with stone in the bladder. A gentleman in his sixty-seventh year developed symptoms of bladder irritation ten weeks before coming under my care, and sought advice from his acquaintances in the medical profession. At first his complaints were ascribed to enlarged prostate. Finally the diagnosis of "vesical calculus" was made. An examination, to determine the size of the stone, was made. This proved negative, as the surgeon was unable to fix the stone between the beak of the sound and the bladder-wall, so as to permit an estimate of its size by rectal palpation. The patient was advised to submit to lithotomy. Nothing was said of Lithotritry. By chance, learning of the latter procedure, the patient called his advisers together and asked them about it. They strenuously urged him to dismiss the idea from his mind. The patient did not do so, however, but came to this city June 25, and put himself under my care. I passed a lithotrite the same day, in order to measure the calculus and see if more than one stone was present. No obstruction was encountered until the prostatic urethra was reached; at this point I was compelled to wait until the irregular and spasmodic contractions of the neck of the bladder ceased. Even then considerable force was needed to carry the instrument into the bladder. The vesical neck was so very sensitive that the slightest movement of the lithotrite caused excruciating pain. I was, therefore, forced to content myself with the least possible amount of manipulation. Passing the beak of the instrument to the posterior wall of the bladder I withdrew the male blade until it touched the anterior wall; instantly the bladder contracted and some urine was discharged. Gradually closing the blades of the lithotrite as they were pressed upon and elevated by the moving vesical walls, I was gratified to find the calculus between them. As soon as the bladder was in a measure quiet I reached for a second stone, in the meantime retaining the first one in the lithotrite. Finding none, I determined to crush the stone without measuring its different diameters. Applying the screw power the calculus was readily comminuted.

The fragments were then picked up and crushed. In the first grasp the blades were separated seven twenty-fifths of an inch; in the second about five twenty-fifths; the remaining fragments were so small I did not note their dimensions. Removing the lithotrite an evacuating tube was introduced and the *débris* washed out. On examination of the fragments it was found that the nucleus was uric acid crystals, while the body was made up of uric acid, the urates, and a rather thick crust of oxalate of lime. The fragments weighed seventeen grains. The history of the case shows that six weeks before the operation, the patient's urine was acid, free from sediment, and devoid of either pus or blood. He imagined that this state continued until he made his journey here. The railroad traveling was so very severe that he left the cars at Louisville and completed his journey by boat. The urine passed immediately before the operation, within a very few hours after reaching Cincinnati, was alkaline and contained both pus and blood. Not an unpleasant symptom, due to the crushing, manifested itself after the operation, although the vesical irritation due to the long stay of the stone in the bladder, of course, did not at once subside. June 29 I made a thorough exploration of the bladder and satisfied myself that no fragment remained within the cavity. The gentleman started home that day, and, although he made the journey by rail, suffered neither pain nor inconvenience as a consequence. After reaching home he steadily improved, and at the present time he represents himself as entirely free from all symptoms of vesical irritation. The foregoing is seemingly a very commonplace case and one that may strike the reader as unworthy permanent record. It certainly is a good representative of the class of cases of vesical calculus that can be speedily cured by lithotritry without pain and without danger. Certain of the phenomena attendant upon the introduction of the lithotrite and its manipulation within the bladder are not without interest to the surgeon, and as some of them were present in the foregoing case, I shall make it the text for a few remarks upon that topic, and in conclusion say something as to the practitioner's duty when patients with stone seek advice as to the best method of treatment.

In the *Annals of Anatomy and Surgery* for July, 1881, I have called attention to "Certain Movements of the Bladder and their Relation to Lithotritry." I therein set

forth the procedure. I am in the habit of teaching, which is as follows: The beak of the lithotrite through the vertical sphincter and within the bladder, the blades are not to be opened until the stone is touched or the posterior wall of the bladder reached. Once through the sphincter the beak is continued directly onwards; if the stone be touched the beak is turned to the opposite side by revolving the handle, and the blades separated; the posterior surface of the female blade is made to touch the lining membrane of the posterior wall of the bladder, the anterior surface of the male blade in like manner being brought in contact with the lining membrane of the anterior wall. Should the handle be revolved so that the separated blades pass and repass over the segment (90°) of a circle, the mucous membrane will be irritated and the muscular walls of the bladder made to contract. The surgeon holding the handle is conscious that the blades are firmly grasped and that an effort is made to force them together. Immediately succeeding this effort to close the blades, comes a relaxation of the antero-posterior contraction, and at the same moment the surgeon perceives that the stone has been elevated and carried to the center of the bladder. Should the blades be closed, the calculus will be grasped between them. To recapitulate: When the beak of the lithotrite is passed through the vesical sphincter, it is to be carried onwards, the blades vertical, until the stone is touched or the posterior wall of the bladder reached. If the stone is touched the handle is revolved so that the blades pass the calculus and the journey of the beak resumed. When the beak reaches the posterior wall, the whole of the handle is withdrawn so that the anterior surface of the male blade is brought in contact with the mucus membrane lining the anterior wall of the bladder. Both blades point directly upwards. The surgeon now quietly revolves the handle to and fro, so that the blades are brought in contact with both walls of the bladder, and stimulates that organ to contraction, being careful to leave the blades at the close in a vertical position. At first there is an antero-posterior contraction; the blades are forced together. This tendency being resisted a different series of movements succeeds, the base of the bladder seems to rise, and the stone is elevated and rolled forward; if the blades are now closed it commonly happens that the stone is caught by its cen-

ter, thus showing that as a consequence of this secondary movement the stone has been carried to the middle of the bladder. As a consequence of the stimulus communicated by the revolving blades of the lithotrite to the mucous lining of the bladder, the vesical cavity is diminished first in the antero-posterior, and next in the vertical diameter. It is probable, during the first movement, that there is an increase in its vertical measurement, and during the second movement, in its antero-posterior diameter. Be that as it may, however, it is an unquestionable fact that, when this series of movements is excited in the way directed, the contractions of the lower part of the bladder are sufficiently powerful and extensive to lift the stone and roll it into such position that the blades closed in a vertical direction grasp it in the situation most favorable for crushing. In the foregoing case these phenomena were supplemented by an escape of urine, and a diminution in the size of the vesical cavity, at an opportune moment. While this circumstance favored the satisfactory grasp of the instrument, yet it was by no means an essential point, and the same result would have been achieved had it not occurred.

There are many points of interest that could be introduced in this connection, yet I shall limit myself to one. Should a surgeon be consulted by a patient suffering from some horribly painful affection and this surgeon advise this patient to submit to an operation attended by a relative mortality of one death out of every three operations, while he might have suggested a procedure for his relief in which the mortality is not one death in every twenty operations, who will pretend that this surgeon was not the worst adviser this patient could have selected? But when we add to this the further fact that the safe operation was as free from pain as it was devoid of danger, that it necessitated no wound and left the patient without shock and free from the risks of septicæmia and pyæmia; it seems almost incomprehensible that any educated practitioner would suggest the painful, fatal procedure to the exclusion of the safe and painless operation. Yet this state of facts exists in nine out of every ten cases of stone in the bladder treated in the Mississippi Valley. I could detail more than one case, yes, scores of them! in which a consultation has been called to consider the propriety of an operation for the relief of stone where not one of the consultants

had ever seen lithotrity performed, and where lithotrity was insisted upon and ultimately performed in patients who should have been treated by crushing and not by cutting. Why? Simply because some one of those present could cut and laid more stress upon securing the patient and getting the fee than he did upon seeing the patient relieved with the least danger to life. That such a state of affairs could exist, is not creditable to the profession. To cut for stone in cases where lithotrity is indicated, is as grave an error as to amputate the thigh for a disease of the foot.

CORRESPONDENCE.

THE AMERICAN NEUROLOGICAL ASSOCIATION. STRYCHNIA IN MYELITIS. THE BROMIDES AS A CAUSE OF INSANITY. FRANKLINISM IN MEDICINE. USE OF THE BROMIDES. PERIPHERAL PARALYSES. BROMINE AS A SUBSTITUTE FOR THE BROMIDES. RESISTANCE OF TABETIC PATIENTS TO ACONITIA.

NEW YORK, July 5, 1881.

The seventh annual meeting of the American Neurological Association was held in New York, occupying three days, there being an afternoon session on the 15, 16 and 17 of June, and an evening session on the 15 and 17. On June 16 the Association was tendered a reception at the residence of Dr. Wm. A. Hammond, and sumptuously entertained there. The following members attended the meeting: Drs. Roberts Bartholow, of Philadelphia, who presided, C. K. Mills of the same city, Isaac Ott of Easton, F. T. Miles of Baltimore, L. C. Gray and J. C. Shaw of Brooklyn, H. Gradle and J. S. Jewell of Chicago, F. D. Lente of Cold Spring, Wm. A. Hammond, E. C. Spitzka, T. A. McBride, E. C. Seguin, Graeme Hammond, A. D. Rockwell, Geo. M. Beard, W. J. Morton, Wm. R. Birdsall, Royal Amidon and F. P. Kinnicutt of New York. Chicago was well represented among the newly elected members, S. V. Clevenger and H. Gradle of that city, besides Wharton Sinkler and C. K. Mills of Philadelphia, and Burt G. Wilder of Cornell University, being added to the roll, while Dr. T. M. B. Cross resigned, and Dr. N. B. Emerson was transferred to

the list of associate members. The meeting was unusually successful both in attendance and in the character of the papers, as well as the discussions of the latter. The first paper, by Dr. Shaw of Brooklyn, laboriously proved what has been established five years ago, that there is a relation between sclerosis of the posterior columns of the cord and an abolished tendon reflex, but failed to explain the mechanism of this symptom, a point raised by Dr. Jewell. Dr. E. C. Seguin then rose and delivered a formal eulogy over Dr. Shaw, his pupil, and stated that the latter was engaged in researches which were destined to lead to an altogether new pathology of progressive paralysis of the insane. An ominous silence reigned, and then a paper was read from Dr. J. J. Mason of Newport, dealing with an anatomical peculiarity of the cord in reptiles. Dr. Ott read an interesting communication on the action of irritants, claiming that these manifested their known results not by a direct influence on the circulatory organs, but through the central nervous system, and that they inhibited the cardiac and respiratory centers. Dr. Spitzka asked whether Dr. Ott believed in the existence of special inhibitory centers, whether the inhibition was not of a relative character, and whether it could be considered separately from the positive function of the same center under other circumstances. Dr. Ott replied that that was just the point that investigators were directing their attention to. A communication from Dr. H. M. Bannister of Kankakee, Ill., was read by the secretary. Dr. Bannister stated that the suppression of the convulsive attacks in epileptics by bromide of potassium had been followed by serious maniacal outbreaks, and not having found any mention of this danger in any authority he had concluded to call attention to this matter. Dr. Spitzka remarked that the subject was an important one, he had noted homicidal attacks following the complete as well as the partial suppression of the convulsive phase in three cases in private practice, and thought that of old epileptics in asylums, twenty-five per cent. of those influenced by bromides, were improper cases for the bromide treatment, for this reason. He would have referred to the matter before, but a German writer, Stark, in a very able and thorough paper had years ago noted this point, and called attention especially to the fact that it was dangerous to stop the use of the bromides

suddenly in any class of epileptics. Dr. Jewell believed that the indiscriminate use of the bromides kept many epileptics permanently in asylums. Dr. Seguin stated that he had seen this effect also, but did not think it was due to the bromide but to the suspension of the epilepsy. It did not appear that either Dr. Bannister or any one else had claimed what Dr. Seguin seemed to think they had claimed. This, however, sufficed to bring Dr. Hammond to his feet, who splintered a lance in favor of the dangerous effects of the bromides; he thought the bromides could not be administered beyond a certain point without producing mental aberration. Yet he considered bromism the lesser evil and epilepsy the greater, so that if he had epilepsy, he would take bromine in some form all his life. The evening session of the first day was opened by a report of the Committee on Nominations, and the report being accepted by the Association, the following were declared officers for the following year: President, Dr. Wm. A. Hammond; Vice-President, Dr. L. C. Gray; Secretary, Dr. E. C. Seguin; Councillors, Drs. J. S. Jewell and Isaac Ott. Dr. Rockwell reported a case of peripheral paralysis where recovery took place, although galvanic contractility had been absent six weeks. Drs. Jewell and Hammond discussed the case. A paper from Dr. Schmidt was then read, on a case of severe injury to the head, the patient recovering, and retaining possession of most of his mental faculties. At the autopsy a large gap was found in the skull, with a large hæmorrhaginous cyst beneath it. Remarkably enough, the injury had been inflicted on a different part of the skull. Dr. Jewell then read a paper advocating the early use of strychnia in myelitis; he cited cases in which this treatment had been followed by good results. Dr. Hammond asked Dr. Jewell several questions, which the latter replied to provisionally, and made more extended remarks subsequently at the next day's session. Dr. Jewell closed the discussion with an elaborate account of his views on spinal congestion and hyperæmia. Drs. Seguin, Spitzka and Gray dissented from the theories on this head, both as interpreted by Dr. Jewell and his opponent in the discussion, Dr. Hammond. Dr. Seguin said that he agreed with Dr. Jewell as to the advisability of giving strychnia in large doses in early myelitis, Dr. Spitzka called attention to the necessity of distinguishing between myelitis

with well-marked irritative symptoms from the start where strychnia would be contra-indicated and those forms where the symptoms were more passive and negative. He thought two facts sustained Dr. Jewell's recommendation, first the proposition of Leyden to give large doses of strychnia in cases of railway injury, where the spinal cord appeared to be in a condition analogous to early diffuse myelitis, and secondly, his own experiments on dogs, where it seemed evident that strychnia antagonized the myelitis producing influence of peripheral refrigeration. In his concluding remarks, Dr. Jewell made a very appropriate protest against the scientific nihilism of Dr. Seguin, which accepted nothing beyond what it could see and smell, and stated that no advance had ever been made in science by a strict adherence to the lower and mechanical mental process. He appeared to hint pretty strongly that if some members of the profession deprecated theorizing it was because "to certain minds such narrow bounds are set, beyond those bounds in vain they try to get." A paper was read by Dr. W. J. Morton, on the static induced electrical current. Dr. W. R. Birdsall stated that the very name Dr. Morton selected was erroneous. Dr. Rockwell agreed with Dr. Birdsall, and did not see how the wildest fancy could construe an interrupted statical discharge as an induced current. Dr. Gradle followed this up by giving the reader of the paper some hints on certain primitive laws of electrophysics. Dr. Morton stated that he was still "unconvinced" of his error, but would not take up the time of the Society by replying, trusting to do so on some "future" occasion. Dr. Graeme Hammond then read a paper on an anatomical subject, Dr. Seguin referring to a case which appeared to sustain the existence of Dr. Graeme Hammond's anatomically discovered auditory cortical center. This was the case of Dr. Allin, who died of a cerebral affection. Dr. Beard inflicted a paper which contained nothing new or of interest, the discussion, however, brought out the experience of Drs. Hammond and Jewell that pure bromine had been used by them with favorable results. At the last session Dr. Hammond read a paper on nerve-stretching. The discussion brought out the fact that Dr. Morton had stretched the sciatic nerve for lateral sclerosis, with what object he did not state. Both Drs. Seguin and Spitzka stated that the apparent good

effects of nerve stretching might be delusive, Dr. Seguin agreeing with Dr. Spitzka that marked remissions of the most pronounced symptoms might occur in this disease after any kind of treatment or even no treatment at all. Dr. Graeme Hammond caused a sensation by reporting a case where the nerve stretching had been followed by intensification of all the symptoms. Dr. Gradle related a case of ciliary spasm of central origin, and Dr. Birdsall exhibited a foot-dynamometer. A remarkable case of diffuse myelitis followed by recovery, was related by Dr. Miles. The treatment consisted in electrical applications and the administration of iodides. There was a suspicion of syphilis. At the last evening session, Dr. Gray's amendment to the constitution was carried, that the nomination of officers be thrown into the Society, instead of being left to a committee. Dr. Mills read an interesting case of tumor located in the dorsal half of the pons, accompanied by conjugate deviation, and rotation of the head. Dr. Hammond stated that the researches of Landouzy seemed to have escaped the scrutiny of Dr. Mills. Dr. Spitzka discussed the physiology of the tract which appeared to be affected. Dr. Kinnicut related a case of chorea major with a very high temperature of 103° Fahr. and over. Dr. Seguin read two papers, one on the resistance of tabetic patients to aconitia, and another on a case of post-diphtheritic myelitis. The former paper led to a discussion on the physiological basis of the observed phenomena. Dr. Seguin remarking that he thought the absence of the tingling was due to interference with the posterior nerve roots, preventing the irradiation of impressions outward. Dr. Spitzka stated that such impressions are always centripetal and Dr. Jewell, added the question was, whether the aconite acted on the central gray or periphery. Dr. Miles exhibited a specimen of tumor of the pons, differing in its location from the case of Dr. Mills.

The place of the next meeting was left to the council to decide, with power to act.

J

EQUINIA.

CHICAGO, July 11, 1881.

Editors Chicago Medical Review:

GENTLEMEN:—You remark in your issue of July 5 that there is an objection to the use of the word Equinia as a name for the

disease which I described in the previous number of your journal, because the name had already been employed to designate glanders and farcy. But, it seems to me, if grease and the disease popularly known as mud-fever are identical, Equinia is the best word to describe it. Between glanders and the disease I described there is plainly no analogy whatever. Glanders is an epizootic and this word conveys a fairly definite idea. We must expect "confusion" where there is error. If my interpretation of mud-fever be correct the cognomen Equinia belongs to it. An appropriate name for glanders might be Ephipic (Epi-hippos, Eppi-hippic; according to euphonic laws, Ephipic.

JAMES I. TUCKER, A. M., M. D.

50 Thirty-fifth street.

A single name, however expressive, cannot describe, although it may designate a disease. The only question to be decided is whether equinia has been in such common use as to become firmly associated with glanders. That this is the case cannot be denied, consequently every objection to its use as a designation of mud-fever is strengthened. Epihippic has been applied as a generic term to epidemics among horses, and is consequently objectionable. That in naming a new disease no old designation should be used is a very generally accepted rule. A somewhat similar case is the use of the term melancholia, signifying black bile, to designate a condition of mental depression; the term does not deceive any one and is just as valuable as a more correct term would be. There is no very great error in the matter, and it certainly would not be advisable for any single individual to object to the usages of authorities on comparative medicine on the trivial question of nomenclature. EDITOR.

OPIOPHAGISM. Dr. S. V. Clevenger, in a recent communication, claims that in addition to the moral and other treatment of opiophagism it should be treated with reference to the action of the drug on the solar plexus. This view he proposes to develop in a paper in the August 20 number of the Chicago Medical Review.

REVIEWS.

A TREATISE ON BRIGHT'S DISEASE AND DIABETES, with special reference to Pathology and Therapeutics, by James Tyson, A. M., M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania; one of the physicians to the Philadelphia Hospital; one of the vice-presidents of the Pathological Society of Philadelphia; Member of the College of Physicians of Philadelphia; and Retinitis in Bright's Disease, by William F. Norris, A. M., M. D., Professor of Ophthalmology in the University of Pennsylvania. Lindsay & Blakiston, Philadelphia, 1881; Jansen, McClurg & Co., Chicago.

The author has presented the subject of the present work in the same clear, pithy style which characterized his former works. "The Cell Doctrine" and "Guide to the Examination of Urine." The first chapter treats of the "Structure of the Normal Kidney," Klein's divisions of the uriferous tubules being the one adopted. There is a short examination of the various theories concerning the process of urine secretion. Bowman's view as supplemented by Heidenhain being the one regarded with most favor. The second chapter deals with the "Methods of testing for albumen" and with the "Sources and the Mechanism of the production of urine." The author leans to the view that increased blood pressure is chiefly responsible for albumen transudation. The third chapter discusses the "Production, Nature and Signification of Casts of the Uriniferous Tubules." The fourth chapter treats of the different classifications of Bright's diseases. The classification adopted by Dr. Tyson is acute parenchymatous nephritis, chronic parenchymatous nephritis, lardaceous disease, chronic interstitial nephritis, and cyanotic induration. While this classification is a very useful one, it is by no means complete. The succeeding chapters, five to ten, are devoted to the consideration of these various forms of Bright's disease, being supplemented by a chapter on suppurative interstitial nephritis, and Dr. Norris' chapter on renal retinitis, which latter is a very fair résumé of existing knowledge on the subject. In the chapter on interstitial nephritis an instance of what is called heredity is mentioned. The exact influence of heredity in any disease is difficult to determine, and while it is probable defects may

be inherited leading to subsequent pathological changes, it is easy to be deceived by simple coincidences. The section on Diabetes is fairly complete. The book is well illustrated by no less than thirty-six wood cuts and two chromo-lithographs. The work will repay purchase and perusal. It is issued in exceedingly good form by the publishers.

THE ARMY.

OFFICIAL list of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from June 29, 1881, to July 12, 1881.

Shannon, Wm. C., Captain and Asst. Surgeon, assigned to duty with escort to Ute Commission from Fort Bridger to the Uintah Agency. On return of commission to Bridger to rejoin his station at Fort D. A. Russell, S. O. 62, Department of the Platte, July 6, 1881.

MARINE HOSPITAL SERVICE.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, from April 1, 1881, to June 30, 1881.

Bailhache, P. H., Surgeon. Detailed as chairman Board of Examiners, April 5, 1881.

Wyman, Walter, Surgeon. Detailed for temporary duty as medical officer revenue bark Chase, May 31, 1881.

Long, W. H., Surgeon. Detailed as member Board of Examiners, April 5, 1881.

Murray, R. D., Surgeon. To proceed to Memphis, Tenn., assume charge of the Service at that port, and inspect the Service at Vicksburg, Miss., April 8, 1881.

Purviance, George, Surgeon. Detailed as recorder Board of Examiners, April 5, 1881. To proceed to Richmond, Va., as inspector, April 30, 1881. Detailed as chairman Board of Survey, to examine applicants for admission to the Revenue Marine Service, May 10, 1881.

BOOKS AND PAMPHLETS.

E. Anthony, M. D., 99 N. New Jersey street, Indianapolis, Ind. Annual Announcement of the Physio-Medical College of Indiana, Indianapolis, Ninth Regular Session, 1881-82.

S. V. Clevenger, M. D. The Origin and Descent of the Human Brain. Reprinted from the American Naturalist, July, 1881.

De F. Willard, M. D., Philadelphia, Pennsylvania. Hip Injuries including Hip Joint Disease and Fractures of the Femoral, Splint for. Reprinted from the Philadelphia Medical Times, November, 1880.

C. H. Nichols, M. D. Report of the State of the New York Hospital and Bloomingdale Asylum for the year 1878.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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Theory and Practice of Medicine and Therapeutics.

E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.

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PARTIAL PUNISHABILITY is a question that seems not to have attracted the attention its importance demands. In the average text books on forensic psychiatry it seems laid down that if an individual is partially irresponsible, he is wholly incapable of being punished. The earlier common law recognized, to some extent, the principle of partial punishability by making a difference in punishment between the homicide in the heat of passion and the premeditated murder, but the punishability of a lunatic is a question that is but seldom if ever raised. It will however require but little reflection to show that there is such a thing. It is recognized in asylums for the insane that the withdrawal of privileges is a good means of compelling a patient to exercise self control. Now a patient who is capable of exerting self control under the hope of a reward is capable of being punished. This principle might safely be transferred to jurisprudence by an extension of the psychological principle involved in the question of homicide in the heat of passion. It would prevent too much lenity at one time followed by too much severity at another. A jury which would hesitate to send a man of doubtful responsibility to the gallows, would not hesitate to send him to some safe place of custody, say a criminal lunatic asylum. This is to some extent the

theory on which these latter institutions are supposed to be managed, but the management is decidedly bizarre and peculiar. That many lunatics are capable of being deterred from criminal acts by fear of certain things is well known to every alienist, and there is no reason why this psychological fact should not be used for the prevention of murder by lunatics, now becoming so frequent. The mind of many an insane patient requires a greater motive to keep from criminal acts; the resisting power is weakened but not destroyed, and that this fact should be recognized in law would seem both just and prudent.

MEDICAL POPES are a class of medical practitioners who have been hangers on, in their young days, of some particular clique, and surviving it, become members of each successive clique that descends from it, and having at length acquired that necessary concomitant of professional wisdom, gray hairs, are therefore, regarded by the younger medical men as Nestors entitled to give vent to ex cathedra utterances. The average medical pope is usually a person of relatively little general education, who has profited by the fact that in his earlier professional career, advertisement by reporters of the then existing secular press, of each particular achieve-

ment of his, either in the matter of operations on, or general treatment of some little great man of the locality was not tabooed, but who sternly and with Roman firmness denounces the younger men for availing themselves of the same influences. Sometimes the medical pope is an individual who has received a pseudo-classical education and avails himself of this to tell classical obscene stories, of which the original wit and point has been so eliminated by time and frequent amnesical repetition as to leave nothing behind but obscenity. The medical pope is generally the head of a medical college, which uses his archæological character as a shield for its diploma selling qualities, it being generally but a graduating mill. Sometimes, however, the medical pope is an individual of far higher character, in which case the college of which he is the head, asserts its influence strongly in favor of high medical education. This class of medical popes is a great and enduring benefit to the profession, despite little peculiarities that, for the time being, mask their nobler qualities. The medical pope is, as a rule, a very orthodox individual, and the greater rascality the college of which he is the figure head is capable the more orthodox and intolerant he is. Taking the medical popes as a class, they are a great drawback on the profession, and the day is not far distant when their general ignorance and obscenity will provoke only the smile of pity or the sneer of contempt. There is, however a large class of practitioners who old in years yet progressive in spirit, have acquired the scientific knowledge of these latter times, and acquired it in such a way as to lead the younger members of the profession to regard them with respect. They, however, lay no claim to being medical popes, but regard each worker in the field of science as a brother. They do not deprecate the original work of younger men, but are usually enthusiastic about it. Their increase is much to be hoped for, combining as they do, the scientific enthusiasm of youth with the critical judicial spirit of maturity.

A DEFINITION OF INSANITY.—This bugbear of expert medical witnesses has given rise to some of the most remarkable evolutions of the human understanding; one author, indeed, recommending as a settler for lawyers: "Insanity is a disease of the neurine batteries of the brain." The neurological editor of the Review suggests the following: "Insanity is a symptom or group of symptoms, involving a marked deviation either in the intensity, extensity or synthesis, or all of these, of the mental processes, and excluding those which are the immediate results of surgical injury, of the circulation of poisonous agents in the blood, the phenomena of sleep and the essential symptoms of epilepsy, catalepsy, hysteria, somnambulism and trance." The following is suggested as a definition of an hallucination: "The subjective perception of an object as a real presence, without a real presence at the time to justify the perception." The illusion differs from the hallucination in that it is a subjective perception of an object in characters which it does not possess, but with a real presence of that object, to justify the perception. In the definition of the hallucination, special stress is laid on the clause, "as a real presence," for if this is omitted, the definition would also cover active reproductions of the memory, which are subjective perceptions without a real presence to justify them.

DIRT AND DISEASE.—In a work which is issued by a respectable publishing house, entitled "American Nervousness," there is to be found on the one hundred and ninth page the statement that the presence of decomposing substances and of filth is not a cause of disease, that there is no scientific reason for claiming that they injure or shorten life. Almost simultaneously with the book containing this statement, there appeared a report of the New York Board of Health, which contrasts the mortality of the first six months of 1881, when the streets were unusually dirty, and when the entire profession remonstrated against their

discreditable condition, with the corresponding period of the year 1880. It appears that while owing to other circumstances some of the worst scourges of mankind had been unusually mild, all zymotic affections were vastly more frequent during the "filth period." Constitutional, local and developmental affections were about equally frequent, showing the reliability of statistics in this instance. There were five thousand five hundred and sixty-six deaths from zymotic disease in 1881 against three thousand nine hundred and ninety-three in 1880. Of small-pox, two hundred and ninety-one deaths in 1881 against two in 1880. Of diphtheria, one thousand one hundred and fourteen deaths in 1881 and four hundred and thirty-two in 1880! Of typhus fever one hundred and eleven deaths in 1881 against one death in 1880! Miasmatic fever, two hundred and sixty-six in 1881 against one hundred and ninety-one in 1880. The result was that while there were fewer deaths from violence, from the effects of heat and from diarrhoeal affections, that the total number of deaths from all causes in 1881 exceeds that of the corresponding period in 1880, by three thousand one hundred and eighty-nine. There were eighteen thousand six hundred and thirty-five deaths in the former, and fifteen thousand four hundred and forty-six in the latter period, notwithstanding that in the ordinary course of events the former would have been less, owing to the elements of diminished mortality enumerated. The author of the book containing the remarkable statement that filth is not injurious, Dr. Beard, states in another part of the same work, that ignorance is a necessity, that knowledge takes its roots in the lack of knowledge (p. 317), and in condemning the studies pursued at the medical schools, notably physiology, he adds that one of his pleasantest memories is that during his medical education he did not attend one lecture in twelve. Judging him by several statements as paradoxical as the one heading this editorial, it may be believed that

the profession at large will be inclined to credit at least this one assertion of Dr. Beard's if they believe nothing else in his very paradoxical book.

KANGAROO TENDON LIGATURES.—Croft claims good results from the use of kangaroo tendon ligatures. They are easily prepared, do not alter with keeping, are tough, flexible and flat. Against these advantages must be set off the drawback that the kangaroo is a somewhat geographically limited marsupial, and the tendons are rather costly in consequence.

JABORANDI IN MAMMARY INFLAMMATION.—Dr. H. B. Stehman (Philadelphia Medical and Surgical Reporter, June 25, 1881) claims very good results from the use of jaborandi leaves as a poultice in mammary inflammation. According to him they prevent suppuration, and are of similar service in mumps and buboes. He claims that this result is always attained if suppuration has not set in. There is, however, a great virtue in this if, and possibilities in self deception are always prominent in every branch of therapeutics.

THE PHENOLS AS ANTIPYRETICS.—Lichtheim (Breslauer Aertzliche Zeitschrift, No. 6 1881,) claims that certain symptoms of an alarming nature observed by Janicke during the use of resorcin, are the results of the rapid rise of temperature following the cessation of the antipyreticism of the drug, resorcin being but feebly antipyretic. He has performed experiments with other members of the phenol group and finds that as regards antipyretic action they stand as follows: first, carbolic acid; second, hydroquinone; third, pyrocatechin; fourth, resorcin. None of these drugs will stand a comparison with salicylic acid and quinine, but even these, more especially the former, produce at times certain alarming subsidiary results. Further experimentation with this phenol group will undoubtedly lead to results of value.

HOMŒOPATHIC PROGRESS.—The New York Medical Record (July 2, 1881,) reports, as an evidence of the expansion of the homœopathic mind, the course of the New York Medical (late Homœopathic) Times. Since it dropped the title "homœopathic" it has been studying to exclude that objectionable word altogether from its columns. It has even referred to the American Institute of Homœopathy as the "Institute," adding, of course, the annual announcement that it is the "oldest national medical organization in the country." The Times still thinks the regular profession trammelled by the absurd traditions of the past, and it must be confessed the Times and its contributors ought to learn pathology. But progress is affecting everything. The editors announce that they will practise hereafter as regular physicians. The rule (not law) of similars will be used in selecting remedies only when such rule seems advisable. The homœopathic materia medica, the Times says, is largely an imaginative work; it contains a frightful bulk of non-essentials and unproved statements. The Times believes in no medical dogmas, and asserts that medical knowledge and skill are the only tests of the physician. Homœopathy, as a distinct school of medicine, has ceased to exist among educated men, and a little forbearance and charity on the part of the regular profession would tend to increase progressive tendencies of this kind.

THE FIRST NAPOLEON'S MENTAL CONDITION.—Galton (Popular Science Monthly, August, 1881) discusses the hallucinations of great men, and cites from Brière de Boismont this account of the star of the first Napoleon. In 1806, General Rapp on his return from the siege of Dantzic, having occasion to speak to the Emperor, entered his study without being announced. He found the Emperor so absorbed that his entry was unperceived. The General, seeing the Emperor continued motionless, thought he might be ill, and purposely

made a noise. Napoleon immediately roused himself, and without any preamble, seizing Rapp by the arm, said to him, pointing to the sky, "Look there, up there!" The General remained silent, but being asked the second time, he answered that he perceived nothing. "What!" replied the Emperor, "you do not see it? It is my star, it is before you, brilliant"; then animating by degrees, he cried out, "It has never abandoned me, I see it on all great occasions, it commands me to go forward, and it is a constant sign of good fortune to me." Galton ignores, however, the fact that Napoleon the first was an epileptic and that his hallucinations and many of his political blunders, which were worse than crimes, were probably of epileptic origin.

AMPUTATION AT THE SHOULDER-JOINT.—A case of amputation at the shoulder-joint, in which a fatal result occurred from secondary hæmorrhage, is reported by Dr. McLane Tiffany, (American Journal of the Medical Sciences, July, 1881,) together with some remarks with particular reference to cases of exarticulation at the scapulo-humeral joint necessitated by bone injury, or accompanied by extensive lesion of the soft parts, such wounds, in fact, as are apt to be followed by sloughing. As regards the method of operating, each case should be judged on its own merits and flaps fashioned accordingly. Dr. Tiffany recommends in amputation at this joint that the axillary artery should be drawn out of the wound with the toothed forceps, and stripped of connective tissue for certainly three inches, before applying the ligature and dividing the vessel. Large branches require similar treatment. He says in regard to large nerves, which might give rise to neuralgia on cicatrization, that it has been his habit to draw strongly upon them and cut them off with scissors some distance from the face of the flaps. But even this will not prevent the occurrence of neuromata, and the nerve stretching is not unlikely to have unpleasant consequences.

PULMONARY CANCER.—Sée (L'Union Médicale, January 22, 1881) claims that the following points are of value in the diagnosis of pulmonary cancer. First: A considerable amount of dyspnoea of a permanent character. Second: A sanguino-grumous expectoration. Third: Considerable pain. Fourth: Dullness which does not elect any particular place, but develops over and grows with the neoplasm and is found but on one side of the thorax. Sixth: The vesicular murmur is not present. Seventh: Local fremitus is not to be detected. Eighth: Slight displacement of the adjacent organs occurs. If the cancer be what Sée styles compressive, œdema, dysphagia, may occur and also variation in the radial pulses, if it presses on the subclavian artery. Phthisis is diagnosed from pulmonary cancer by the seat of the lesion and the expectoration. Chronic pneumonia differs from pulmonary cancer in the character of the expectoration, in the lesser amount of dyspnoea, by the quantitative difference in dullness and by the difference in soufflé and fremitus. The bronchial gland affections differ from the compressive type of pulmonary cancer by giving rise to not so intense symptoms. Aneurism of the aorta differs from pulmonary cancer in the presence of aortic bruit and pulsation. While these points are of value in differential diagnosis, it is obvious their value is not absolute as the cancer must have attacked the pleuræ to have produced pain, and the other symptoms will also be somewhat varied by the position of the neoplasm. Perhaps a good way of supplementing the diagnostic points given would be by a microscopical examination of the sputa.

MEDICAL HISTORY.—According to the Maryland Medical Journal, the first regular medical journal ever published was "Les Nouvelles Découvertes sur toutes les parties de la Médecine," and appeared in Paris in 1679. The first medical library in America was that of the Pennsylvania Hospital, established in 1762. The first state medi-

cal society was that of New Jersey. The first original medical work published in this country was entitled "Cases and Observations by the Medical Society of New Haven County, in the state of Connecticut," published in New Haven, 1788, and it may be added the first medico-legal autopsy, in what are now the United States, was made in Massachusetts, in 1670.

APPLETON'S JOURNAL is among the best of the monthly magazines now so relatively numerous. The August number contains the continuation of Victor Cherbuliez's interesting novel, "Saints and Sinners," an interesting article on French Family Life and Manners, a rather casuistical paper on "Authors to Hire," an examination of Badeau's "Military History of General Grant," beside numerous other articles interesting alike from a literary, historical and scientific standpoint and appears well from a bibliographical point of view.

VARICOSITIES IN PREGNANCY.—Budin (Annales de Gynécologie, April, 1881,) has recently examined the varicosities of pregnancy. The varicosities most frequently found by him are of course those of the leg. He claims that the symptoms of deep and superficial varicosities are quite distinct. The deep varicosities occasion nothing abnormal in the appearance of the affected leg, except an increase in size. The symptoms are severe pain in the calf, popliteal space, and plantar surface, and increased perspiration of the affected region. If symptoms such as these are relieved by rest, they are due to a varicose condition of the deep veins. The varicosities vary much in their appearance. Occasionally they are only troublesome after several pregnancies and then not till the last month of gestation; in some cases they occur during the first three or four weeks, and in one instance their appearance regularly indicated the beginning of pregnancy. Varicosities of some kind occur in about twenty to thirty per cent., of all cases of pregnancy.

VENTRICULAR HÆMORRHAGE.—Dr. E. Sanders (American Journal of the Medical Sciences, July, 1881,) in a very lengthy and pseudo-profound paper, which is characterized by that prodigious talent in quotation which the devotees of a certain prominent specialist denouncer of specialists, of New York display, claims to have studied ninety-four cases of this form of apoplexy, which he claims, as compared with ordinary cerebral hæmorrhage, is remarkably frequent at the two extremes of life. As regards the diagnosis he says, "given a patient with sudden complete coma, partial or complete paralysis, or even without any paralyses at all, contracture and convulsion, with rapidly following death, in fact that collection of symptoms which we have come to recognize under the term 'apoplexie foudroyante,' the probabilities are that we are dealing with a primary intra-ventricular extravasation." Now, as not a single one of these cases came under Dr. Sander's own observation, and as many of them are very imperfectly reported and impure, statements like these just quoted strike one as extreme assumptions. When it is considered that the writer is a recent graduate, the hauteur with which he treats Hammond, Hughlings Jackson, Nothnagel and a few other similarly well-known neurological authorities is exceedingly refreshing. Dr. Sanders indulges in the usual cant about facts and theorizing, and professes to confine himself strictly to facts. When any one makes this profession it is but fair to assume that, as in the case of Dr. Sanders, his chief ability is shown in the inordinate use of the scissors

A NEW USE FOR CARBOLIC ACID.—Recently a ship load of coolies, numbering nearly three hundred, was approaching the American shores. For some reason the coolies got into an altercation, being divided into two almost equal factions. The fight became bitter and bloody, every movable piece of the ship's furniture being used as a weapon. In this extremity the captain concluded to try carbolic acid as an anti-

pugilistic. He knew that should fire-arms be used and some of the coolies killed that he and his small crew would suffer at the hands of the survivors. In accordance with his determination a quantity of strong carbolic acid was thrown in among the rioters. The effect was almost magical. Under the soothing influence of the drug the passions of the enraged celestials cooled and they soon ceased fighting and devoted themselves exclusively to the acid.

TRANSPLANTATION OF BONE.—MacEwen, (British Medical Journal, May 21,) reports good results from the transplantation of bone. While the process adopted by him is not entirely new, the case reported shows that extension of the operation might be of advantage. The patient had lost two thirds of the humerus, and by the process adopted this was restored. The grafts were taken from six wedges of bone removed from six limbs of patients affected with anterior tibial curves and reduced to very small fragments previous to being inserted. The shaft of the humerus was almost completely restored and measures only about half an inch less than the other.

THE ECRASEUR IN FISTULA IN ANO.—Dr. J. M. F. Gaston (American Journal of the Medical Sciences, July, 1881,) recommends in the treatment of deep-seated fistula in ano, the use of the chain écraseur of Chassaignac, with a view of preventing the hæmorrhage which would result from the usual operation, where a large amount of tissue has to be divided. Several cases are reported in which extensive division of cellular and muscular tissues around the rectum was performed with relatively little effect upon the system generally. The procedure recommended by Dudley (Chicago Medical Review, March 5, 1881,) of slitting up the fistula in the usual way, dissecting out the fistulous tract and bringing the edges together by sutures passed deeply beneath the dissected portion, seems, however, preferable in many respects.

INFANTICIDE from a forensic point of view has been recently discussed by Paul Moreau, de Tours (*Annales de Gynécologie*, January, 1881.) He claims that in analyzing the mental condition of an infanticide, the following predisposing factors of mental aberration should be considered: The fact that the accused is of a family predisposed to insanity. Whether the accused has ever before experienced a temporary aberration of her mental or moral faculties; whether she has been always exempt from hysteria or epilepsy. It should also be considered that during pregnancy the general mental condition of the patients may change. A sweet disposition may be replaced by great irritability. Finally, whether the accused being a woman of loose life, has or has not been accustomed to the abuse of alcohol, should be determined. While Moreau admits the difficulty of the forensic psychiatrist, in dealing with the questions of infanticide from a too lenient standpoint, still he calls attention to the fact that the presumption of innocence is here, as elsewhere in law, in favor of the accused, and it becomes incumbent on the state to show that pregnancy with its manifold influences has not affected the prisoner's intellect.

EMPHYEMA AND HEPATIC ABSCESS.—An interesting case of complicated hypochondriac abscess has been recently reported by Dr. Mendelson (*American Journal of the Medical Sciences*, July, 1881.) A right-sided pleurisy occurred, for which the patient was admitted into the wards, about two weeks after the onset of the symptoms. Aspiration revealed a very offensive purulent effusion, which formed a considerable proportion of the material expectorated. Pyo-pneumothorax was developed while under observation. An hepatic abscess, hitherto unsuspected, now pointed above the umbilicus in the epigastric region, and after tapping with the hypodermic needle, by which odorless pus was obtained (not of the same character as the material expectorated), it was opened by free incision, and

treated with carbolic acid injections. The patient's general condition at once improved, and two months later she was discharged recovered. This case demonstrates one fact, for the statement of which Dr. Hammond (*St. Louis Clinical Record*) was much criticized, namely that hepatic abscess may often exist unsuspected even by the skilled physician.

GLYCERINE TEST.—Physicians often need a sure and simple method of detecting glycerine. This need is more nearly satisfied by the method proposed by Barbsch than by any other. Carbolic acid gives a blue coloration with ferric chloride (per-chloride of iron) even in very dilute solutions. The addition of a few drops of glycerine will cause this coloration to disappear. But if the glycerine be added beforehand, the blue color will not appear. Thus a proportion of glycerine, even as low as one per cent. in a liquid will prevent the color reaction from taking place. This process can also be used quantitatively.

SUPERVISION OF FOODS AND DRINKS.—A few days since a picnic party in Missouri was poisoned by drinking some toxic liquid sold under the name of "ice cold lemonade." In Hazelton, Pennsylvania, on the first Sunday of July, some Hungarian miners were poisoned by eating parts of a sausage. Eight of the former and four of the latter party died, and many others barely escaped with their lives. These are only isolated instances of loss of life by the sale of vile compounds as food and drink. It is the duty of the state to protect its citizens against such outrages. The National Board of Health should be empowered to exercise a strict supervision of all articles sold for food and drink in the United States. This can be accomplished only by the employment of skilled public analysts in every town and city. The cost would be great, but the system could in a measure be made self-supporting, and the beneficial results would be incalculable.

COLCHICUM IN ACUTE RHEUMATISM.—This old remedy has fallen of late considerably into desuetude through the apparently more shining success obtained in the treatment of acute rheumatism by salicylic acid. This latter drug is beginning, however, to be regarded with suspicion, owing to its apparently producing delirium. In a recent article, Dr. P. J. Farnsworth (Medical and Surgical Reporter, July 2, 1881) narrates several cases of acute rheumatism in which colchicum has been of service. The dose usually given was ten minims of the wine of the root every three hours till an effect is produced. The article is marked by some very peculiar ideas as to self limited diseases, but the cases narrated appear clear and convincing. Certainly colchicum does not produce delirium, as has been the case with salicylic acid. The remedy, however, has been tried in acute rheumatism with both success and failure.

RUPTURE OF THE PLANTARIS MUSCLE.—Dr. A. B. Judson (New York Medical Journal, July, 1881,) gives three cases in which he diagnosed this injury. It is seldom described in works on surgery, although it is probably not very uncommon. Its most remarkable feature is the trivial, immediate cause. Persons are attacked while quietly walking in the street, stopping suddenly under the impression that they have been shot in the leg. Apart from from ecchymosis, met with in a limited number of cases, the only objective signs, œdema and deep-seated induration, are by no means constant. If there is an obvious gap in the muscles, with an adjacent muscular tumor, the case is one of rupture of the muscles, the term *coup de fouet* being conveniently used to indicate those cases in which the exact lesion remains undetermined. The diagnosis depends on the suddenness of the attack, the insignificance of the apparent cause, the location of the trouble, the pain, absent or slight when the part is at rest, and produced or aggravated by those active or passive motions of the

limbs, which disturb the muscles of the calf, and the great disproportion between the objective and subjective symptoms. Recovery is protracted, and is probably not much facilitated by treatment, which should not be neglected, as the prognosis is sometimes unfavorable, especially when the affected limb has been the seat of varicose veins, or of former phlebitis. Local and general treatment should be directed to the relief of pain. Repair of the injured structures should be assisted by preventing motion of the part affected. The condition which seems best adapted to secure this object, is that of enforced fixation with the knee moderately flexed and the ankle moderately extended. As recovery progresses, locomotion will be facilitated by a high-heeled shoe, which prevents the foot from being unduly flexed on the leg. This contribution is of considerable value, but the striking subjective sensation of being shot has been noticed also in progressive muscular atrophy, which would interfere somewhat with the value of the first two differential diagnostic points.

MAGNOLIA ACUMINATA IN GASTRIC INTERMITTENTS.—Dr. A. E. Beresford (Southern Practitioner, May, 1881,) claims very good results from the use of a tincture made from the bark of the root of the cucumber tree (*Magnolia acuminata*) in gastric intermittent fever. He gives this in tablespoonful doses every three or four hours until the fever is arrested, having previously given the patient a preparatory dose of leptandrin, podophyllin and bitartrate of potash. He claims that magnolia acts, First, as a sedative in allaying the irritation of the gastro-intestinal mucous membrane. Second, as an antiperiodic in breaking up the periodical tendency of the disease. Third, as a tonic and aid to the digestive and assimilative powers. Allowing for all enthusiasm, the plant seems worthy of further trial, more especially as to its alleged sedative influence on the gastro-intestinal mucous membrane.

IS CARBOLIC ACID A STABLE COMPOUND?—It is claimed that the red color often noticed in glycerine solutions of carbolic acid is rosolic acid, a product of the decomposition of carbolic acid. Should this be the case, would it not have important bearings on the numerous uses to which carbolic acid has been put and would not a reinvestigation of the chemical properties of this widely used substance be rendered rather necessary?

OBTUSE PERCEPTIONS.—The statement of the New York Medical Record that the majority of the physicians of New York city are without apparent allegiance to any given "school" of medicine has undergone some very strange transformations in passing through the various medical journals. Perhaps the most striking is the following from the Louisville Medical News: "More than half the names (in the medical register) are without diploma." As the question of allegiance is judged only by membership of the county societies, it is easily seen on what a faulty criterion the original statement was founded, but the form into which it has been changed by the News renders it almost incredible.

ASIATIC CHOLERA.—Dr. DaCosta, of Philadelphia, has recently had under observation a case which presented all the symptoms which he, with his great experience, had learned to consider pathognomonic of Asiatic cholera, and he would have so pronounced the disease, were it not that the case was a sporadic one, no epidemic being prevalent anywhere in the United States or Europe. Several additional cases of the same kind have been reported by independent observers in Pennsylvania. Whether this be due to the epidemic tendency to the discovery of diseases which at times seizes the profession, or not, these cases should certainly lead the National Board of Health to keep a close watch on all vessels landing on the Pacific coast, as from them, if anywhere, this danger is to be apprehended.

HYPOBROMITES AND HYPOCHLORITES IN URINALYSIS.—Dr. Wormley (American Journal of the Medical Sciences, July, 1881,) has investigated the ordinary tests for urea, which depend upon the decomposition by hypochlorite or hypobromite solution and the evolution of nitrogen, to discover why only from ninety two to ninety-four per cent. of the total nitrogen has been obtained by this means. Under the following conditions he has found that the whole of the nitrogen is obtained with Russel and West's hypobromite solution. First. The reagent should be freshly prepared. Second. The urea solution should be wholly added to the reagent, none of the latter being allowed to mix with the urea solution in the containing tube. Third. The amount of urea operated upon should not exceed one part to about twelve hundred parts of the diluted reagent. Moreover, the diluted urea solution should be added gradually, and at a temperature of about 68° Fahrenheit.

NERVE STRETCHING.—Bastian (British Medical Journal, July 2, 1881) comes to the conclusion, that nerve stretching conjoined with electrical treatment, is likely to be of considerable value in locomotor ataxia not only, but also in infantile and adult spinal paralysis. He believes that the increase in temperature of the limbs operated on may help to improve the nutrition of the wasted muscles and render them more amenable to electrical treatment. The use of nerve stretching in infantile and adult spinal paralysis is a somewhat new idea.

COTTON LEAVES AS A GALACTOGOGUE.—Dr. Izett W. Anderson (Transactions of the London Obstetrical Society, 1880) claims that a hot infusion of cotton plant leaves acts well as a galactagogue. Six or eight fresh leaves are infused in a cupful of boiling water, four or five of which are taken during the twenty-four hours. The remedy is certainly one of ready accessibility in many parts of the United States.

DEATHS FROM ETHER.—Dr. John B. Roberts (New York Medical Record, July 2, 1881,) is inclined to think that the failure of respiration is not always the first sign of danger of death from ether, but that the heart may begin to fail seriously while respiration continues active. He thinks that the pulse ought to be watched more closely than it usually is, that in some cases the urine ought to be examined as well as the heart and lungs, and that the person who is entrusted with the ether administration should be the most skilful of all the assistants. Dr. Roberts has collected twenty cases of death from ether that have been reported since January, 1872. There is great prejudice in the United States in favor of the harmlessness of ether that pains-taking researches of this kind are needed to overcome.

AUTOGRAPHIC MEN.—Chouel (Marseilles Médical, January, 1881) reports a class of human beings whom he calls "autographic men," who, from certain central neuroses, present a form of urticaria which shows itself when a slight irritation is applied to the skin. The cuticle may be written on and retain the character inscribed on it for some time, through the urticaria so produced. Dujardin-Beaumetz was the first to describe this phenomenon, which is by no means rarely observed.

A NASHVILLE PHYSICIAN, (cited in the Southern Practitioner, July 1881,) sent the following to the City Health Officer of Nashville, Tennessee, as his bill for reporting three births: "Dr. R. Cheatham, Health Officer at Office To ——— M. D. Dr. To 3 bills of berths \$3.00." The maker of this bill enjoys a lucrative practice in Nashville, the "Athens of the South."

ANTISEPTICISM IN LYONS.—Letiévant (Gazette Hebdomadaire, May 27, 1881) claims that since the adoption of antisepticism in Hôtel Dieu, the surgical mortality has decreased from seven to four per cent.

RICHARD GRANT WHITE was at one time a student of medicine.

DR. GEO. S. BLACKIE, Editor of the Southern Practitioner, died June 19, 1881.

A CLINICAL Professor of Diseases of the Nervous System is the latest addition to the Faculty of Medicine of Paris.

DR. E. Woolsey Johnson has been appointed one of the health commissioners of New York city, in place of Dr. Janeway.

THE MICHIGAN legislature has passed the act establishing a Chair of Eclectic Medicine in the University of Ann Arbor, Michigan.

DR. JAMES D. FITCH, a well-known physician of New York City, died July 20, 1881, in the eightieth year of his age, at his home in that city.

THE lower house of the Massachusetts legislature have rejected, by a vote of ninety-six to eighty-eight, the bill to prevent incompetent persons from practicing as apothecaries.

INTERNATIONAL MEDICAL CONGRESS.—William Wood & Co., New York, have recently issued gratuitously for the use of the American delegates to the International Medical Congress a species of guide and memorandum book, which is a very good specimen of the book making skill of the firm and is exceedingly credit worthy.

FALSE AND TRUE SENEGA.—Goebel (American Journal of Pharmacy, July, 1881,) calls attention to the fact that there are two varieties of senega now in the market, which differ markedly in botanical qualities, and also in the color of the tincture, infusion, decoction, fluid extract, syrup and compound syrup. The polygalic acid contained in the false senega is two per cent. less than that of the true senega. As this polygalic acid is the vegetable principle to which the majority of the therapeutic virtues are due, it is obvious that the false senega will not be as valuable as the true, in therapeutics.

DR. J. Barnard Davis, a leading English anthropologist, is dead.

BOLIVIA is attempting to cultivate the cinchona tree on plantations.

A new diploma selling concern has been discovered in Detroit, and broken up.

DR. GREENVILLE DOWELL, a well known physician of Galveston, Texas, has died.

A MEDICAL paper in Leipzig has been fined for calling homœopathy quackery and swindling.

THE California medical practice law has been declared unconstitutional, but the decision has been appealed.

DR. DUNNE has resigned his position of city physician of Chicago, and Dr. Moore has been appointed by the Mayor to the place.

DR. HESCHL, who succeeded Rokitansky as professor of pathological anatomy, at Vienna, died May 27, 1881, aged fifty-seven.

DR. F. R. S. DRAKE has been appointed professor of clinical medicine in the Medical Department of the New York City University.

AN ANATOMICAL SPECIMEN in the Harvard Medical School Museum is catalogued as follows: No. 279, "Heart and blood-vessels of a snapping turtle prepared by Mr. Edes with one lung."

LOCAL.

WEST CHICAGO MEDICAL SOCIETY.

A meeting of this society was held Monday evening, July 25, at 8 o'clock, at 533 Adams street, at which Dr. Norman Bridge read a paper on peritonitis without fever, and Dr. H. M. Lyman presented charts of mortality in London. Reports of cases by members concluded the session.

THE SANITARY CONFERENCE

was held in Chicago, June 29 and 30, to determine the best means of preventing the importation and dissemination of small-pox. Those present were: Drs. C. N. Hewett and

E. J. Davis, Minnesota; H. B. Strong and J. T. Reeves, Wisconsin; R. J. Farquharson, State Board of Health, Iowa; O. W. Wight, Board of Health, Milwaukee; O. C. De Wolf, Chicago; E. L. Howard, State Board of Health, Maryland; James A. Stewart, Health Officer, Baltimore; T. M. Stevens, State Board of Health, Indiana; A. H. Briggs, Health Officer, Buffalo; Stephen Smith, State Board of Health, New York; H. A. Johnson, National Board of Health; H. B. Baker, State Board of Health, Michigan; J. M. Gregory, J. H. Rauch, N. Bateman, A. L. Clark, R. Ludlam and John McLean, of the Illinois State Board of Health. Dr. John M. Gregory, President of the Illinois State Board of Health, was elected Chairman, and Dr. H. B. Baker, of Michigan, Secretary. Dr. Rauch read the call for the Conference, and said that invitations had been sent to the principal State Boards of Health. The subject of small-pox in immigrants was then discussed, resulting in the following resolution from Dr. Stewart, which was adopted.

"Resolved, That notification be sent to the various steamship lines that unless certificates of vaccination be furnished with each immigrant arriving at the ports of the United States, such vessels should be quarantined for a sufficient time to insure the development of all cases of small-pox, as well as the discovery, if possible, of cases which have developed during the voyage."

The resolution was referred to a committee, consisting of one member from each organization represented, which should prepare resolutions expressive of the sense of the Conference. The Chairman nominated as such committee Drs. Rauch, Hewett, Strong, Baker, Wight, De Wolf, Howard, Farquharson, Briggs, Stevens, Stewart, and Smith, who reported the following resolution:

"Resolved, That small-pox is very prevalent in some European ports, at which emigrants embark for the United States, and, owing to the customary delay at these ports, unprotected persons frequently be-

come infected with the contagion of that disease. That vast numbers of emigrants are unprotected, and contract the disease just before embarking for the voyage. That ocean transit is now so rapid that a person infected with the small-pox poison often reaches the ports of the United States, and, even, by rapid railroad travel, western towns before the disease becomes apparent in the individual. That outbreaks of small-pox in many parts of the United States, and the liability to a wide and constant dissemination of the contagion by means of the immense number of unprotected immigrants who daily land at our ports and proceed to inland districts by railroad, demands the most energetic measures of health authorities to exterminate the disease wherever it makes it appearance in any community. That to accomplish this desirable object there should be concert of action among the sanitary organizations of the country, national, state and municipal, and each in its own sphere should use its utmost power to stamp out this disease. That, with a view to give practical effect to these resolutions, Congress be recommended to incorporate into the law regulating immigration a provision requiring protection from small-pox by successful vaccination of all immigrants. That the National Board of Health is requested to consider (in accordance with an act to prevent the introduction of contagious or infectious diseases into the United States, approved June 2, 1879) the propriety of making, promulgating, and enforcing rules requiring the inspection, at the port of departure, and the vaccination of every immigrant who upon such inspection is found present unprotected from small-pox; or, failing in any case or for any cause to secure such vaccination, to prevent such unprotected persons as may have come from or through any infected district, from taking passage on any ship bound for this country until such time shall have elapsed as shall make it certain that they are not carrying the germs of small-pox in their own per-

sons. That notification be sent to the various steamship companies bringing immigrants to the United States, that unless satisfactory evidence of vaccination be furnished in the case of such immigrant arriving at any port of the United States, such vessels should be quarantined for a sufficient time to insure the development of all undeveloped cases of small-pox, as well as for the discovery, if possible, of concealed existing cases which may have developed during the voyage. That local health authorities should cause a thorough inspection at all distributing points, and the detention at such points of all suffering from small-pox, and vaccination, if needed, of all immigrants. That to meet present emergencies the National Board of Health should take such measures as will secure the inspection of every immigrant before landing at the ports of the United States, and of the vaccination of all persons not protected. That a committee consisting of one from each Health Board represented be appointed, whose duty it shall be to take such measures as may be found necessary to accomplish the objects of these resolutions."

The following were then appointed such committee, after which the conference adjourned. J. H. Rauch, M. D., Secretary State Board of Health, Illinois. C. N. Hewitt, M. D., State Secretary Board of Health, Minnesota. H. P. Strong, M. D., State Board of Health, Wisconsin. Henry B. Baker, M. D., Secretary State Board of Health, Michigan. O. W. Wight, M. D., Board of Health, Milwaukee. Oscar C. De Wolf, M. D. Health Officer, Chicago. E. L. Howard, M. D., President State Board of Health, Maryland. Dr. Farquharson, Secretary State Board of Health, Iowa. A. H. Briggs, M. D., Health Officer, Buffalo. Thad. M. Stevens, M. D., State Board of Health, Indiana. James A. Stewart, M. D., Health Officer, Baltimore. Stephen Smith, M. D., State Board of Health, New York. Hnmer A. Johnson, M. D., Chicago, member of National Board of Health.

CONTRIBUTIONS.

SPINAL CURVATURE.

BY DR. F. C. SCHAEFER, CHICAGO, ILL.

About a hundred years ago Percival Pott described Spinal Curvature so clearly that his name was applied to the peculiar deformity so ably explained by him. Prior to the year 1778 the pathology of this disease was unknown, and the ablest surgeons up to the middle of the eighteenth century treated its symptoms as distinct diseases, in some instances regarding the curvature as the sequence of the palsy. One can hardly conceive of anything in the literature of a surgical subject more interesting than the logical analyses of this subject by Pott in his essays entitled "Palsy of the Lower Limbs," published in the year 1783. To the untiring efforts of this earnest man, the public and the medical profession owe a debt of gratitude for the light he threw upon a deformity of which he so aptly said, "in an infant it is most melancholy to see, in an adult most miserable to endure." Percival Pott's assiduous efforts gave an enormous impetus to the study of spinal deformities, that has made itself felt through successive generations to the present time.

The object of this paper is to deal with spinal curvatures briefly, in a general way; but before proceeding to speak of the abnormal flexures, it may be well to give a brief review of the anatomy of the parts involved. The spinal column forms the central line of the back, being almost vertical in the general direction. Its average length is seventy-five centimeters measured along the exterior surface of the vertebræ. In the normal adult it presents a cervical, dorsal and lumbar flexure. All of these portions are conversely curved posteriorly. There is then a series of curves on the spinal column, each corresponding nearly to the portion of which it is composed. If a plumb line were suspended from the center of the cranial base this line would almost form the axis of the four upper cervical vertebræ passing in front of the greater portion of the dorsal vertebræ, obliquely through the lumbar vertebræ, in some instances simply touching the sacrum. The seventh dorsal vertebra, farthest back from this line and each successive vertebræ above and below the seventh, approximates nearer to the vertical plane. It will be seen therefore that the seventh dorsal vertebra practically forms the keystone of an arch placed in the

upright position, and being about the center of the column it must frequently stand the strain of the culmination of concussions from opposite directions which meet at or about this point. Taking the spine as a whole we see a long flexible column of twenty-four pieces of osseous tissue with twenty-three pieces of elastic interstitial substances between them, the whole forming several curves, its direction being in the main perpendicular, and the greater portion of its weight being placed slightly back of the line of gravity, in consequence of the weight it has to sustain anteriorly, consisting of the ribs and parietes of the trunk with its contents. The curving backwards of the dorsal portion of the spine assists not only in maintaining the equipoise of the body, but it also enlarges the thoracic cavity, a factor that should not be lost sight of in the treatment of abnormal flexures. The entire column supports not only the head but also the upper extremities and the greater portion of the trunk, including the viscera. The portions of the column are bound together by numerous ligaments, and it gives support to many muscles and is in turn supported in the erect position by muscular and ligamentous tissues. The muscles chiefly engaged in sustaining it are the erector spinæ, psoas, iliacus, together with the various muscles that tie it to the pelvis and connect the pelvis with the lower extremities. Among the more important muscles that it supports may be mentioned the trapezius, rhomboideus, and indirectly the serrati.

The spinal column has great freedom of motion in the direction of flexion, extension, contraction, circumduction and rotation. These movements are permitted by its peculiar construction and they are occasioned by muscular and ligamentous action. Its ligaments are the anterior and posterior common ligaments, intervertebral substance, ligamentum sub-flava, capsular, infra and supra spinous ligaments, and special ligaments of the atlas and axis. The ligaments of the body concern us most in angular curvature, while all of them together, with the muscular attachments, are of perhaps equal importance to the orthopædic surgeon in treating lateral or rotatory spinal curvature. There are in general three curvatures recognized by modern surgeons:

- I. Angular Curvature, Pott's Disease.
- I. Lateral Curvature.
- III. Rotatory Lateral Curvature.

In addition to these there is always, after a time, another curve frequently present; there are also two, known as compensatory curves. These extra curves are occasioned by the efforts of nature to maintain the trunk in the erect position. Curvatures are named according to their direction. Thus a curve with the convex surface forward is called lordosis; the converse of this, kyphosis. The former usually appears in the lumbar, the latter in the dorsal region. The most serious variety of curvature is the angular, synonymously termed "Pott's Disease," but there are rotatory lateral curvatures which ultimately are equally injurious to the health of the sufferers.

Etiology of Angular Curvature: Opinions are at variance as to the cause of Pott's Disease. Some regard it as the effect of a tubercular diathesis, while others claim that the disease is due to traumatism. Sayre adopts the latter opinion, and asserts that the cachexia usually present in advanced cases is the natural sequence of the long suffering entailed upon the victim by the suppurative process in some portion of the spine, usually in the body of one or more vertebræ, and the assertion seems very plausible when the number of comparatively healthy people who have carried with them a distorted spine for an indefinite number of years is considered. We should not lose sight of the fact that the spinal column is a very complicated piece of mechanism, subjected, especially in early childhood of active children, before ossification is complete, to innumerable abuses, any one of which might start a focus of inflammation in some portion of its integral parts. The accidents which usually produce Pott's Disease are said to be concussions, blows, or violence occasioned indirectly by a fall. **Pathology:** It begins as an inflammation of an ossific center, as a rule in the body of a vertebra, resulting in degeneration and disintegration of the cancellous structure; pus forms and remains for a shorter or longer time, pent up by the common ligaments; it macerates the surrounding portions, producing still greater destruction of tissue, until the accumulating fluid finds a vent, and presents itself at some superficial, and often remote point, as an abscess. When the cervical region is involved, the pus may present in the posterior wall of the pharynx or in some superficial portion of the neck. When the lesion is located in the upper or central dorsal region, the secretion may appear in the

back or it may gain access to the thorax or abdomen. Should the lower dorsal or the lumbar vertebræ be diseased, a lumbar, psoas or gluteal abscess may be an accompaniment, or the pus may discharge through the rectum. Other complications frequently occur. Thus there may be partial or complete paralysis of one or both legs, incontinence of urine, loss of muscular tonus in the abdominal muscles, accompanied by flatulence, constipation and indigestion, dyspnoea, dysphagia, cough, fugitive pains, etc. The topographical limits of the symptoms being often sufficiently clear to point to the seat of the lesion. After a time the bodies of the vertebræ and frequently also the intervertebral substance disappear, the bones next above and below the ones involved will approach each other; the processes and pedicles with the lamina being composed of compact tissue and not much affected, they therefore remain, but become more conspicuous on account of the sagging together of the parts in front, and the anterior surface of the column becomes shorter than the posterior. Advantage is taken of these points in the modern treatment of angular curvature. The etiology of lateral, and rotatory lateral curvature is different from that of the foregoing. They are rather the outgrowth of indolence than of activity, or of inherent weakness than of strength. The prolific cause is a want of symmetrical use of the muscles, and may be brought about by one of many ways, as follows:

First. By the lazy habit of sitting or standing in an awkward position, with the back curved like that of an angry cat, or resting the chin upon the hands, holding the head to one side, with the arm of the same side drawn up to support it, or walking in a shiftless manner, carrying one shoulder lower than the other.

Second. Employments that produce hypertrophy of the muscles of one side of the body, while those of the opposite side atrophy for want of use.

Third. A very common cause in school children, is the habit of carrying a large number of books on the same side, day after day, while the bones are soft and easily bent, especially if there is a meagre development of the muscular tissues, as is too often the case with studious girls.

Fourth. Deformities that compel the victim to lean constantly while walking, such as hip joint disease or shortened lower extremities.

Fifth. Diseases or conditions that force the patient to assume unnatural positions, as tumors in the abdomen, pleuritic adhesions and cardiac disease.

Sixth. Too rapid growth frequently leaves children with feeble muscles and relaxed ligaments. They tire easily, and naturally form habits of resting the tired portion by leaning in different ways.

Seventh. I have known rotatory lateral curvature to be occasioned in young mothers by their carrying heavy children in their arms. Only two months ago a young mother came to me for treatment of a tender sternum. Her child weighed twenty-five pounds at the age of six months. The mother's weight was at the same time one hundred and ten pounds. She carried the child in her arms daily until it was fourteen months old. She had always been very erect in her carriage. There was a lateral rotatory curvature about the middle of the dorsal region which occasioned pressure upon the sternum to the side of the convexity, producing pain near the ensiform appendix, extending into the scrobiculus cordis. The pain was removed by extension. Pathology: This is conceded by all surgeons to be dependent almost entirely upon abnormal muscular contraction, the intervertebral cartilages being rarely affected in the incipency, except indirectly by pressure. There occurs abnormal, asymmetrical muscular action, accompanied by flexion and rotation of a portion of the column to one side; at a later period, in the dorsal region of children, the transverse processes of one side are twisted by the extreme traction produced by the muscles attached to them, while on the opposite side they are flattened by being crowded together. The ribs on the convex surface are irregularly and somewhat widely separated, while on the concave surface the intercostal spaces are in some instances obliterated, the ribs approach near the crest of the ilium and the sternum is twisted upon itself. The distorted condition of the thoracic walls diminishes their capacity, the nerves and their points of exit from the spine are pressed upon, the innervation of the muscles is withheld and a similar train of paralytic symptoms to those accompanying angular contraction may occur. The ever recurring and important question of diagnosis now confronts us. In this, as in most surgical cases, the earlier it is discovered, the better will be the result of treatment. It is therefore greatly to be

desired that the surgeon shall be ready to recognize the initial symptoms as soon as they appear. In angular curvature the first symptoms will be referred to the peripheral extremities of the nerves passing from the diseased portion of the columns. In case the lesion is located in the cervical region there will be a cough, dyspnoea, dysphagia, pain in the upper part of the chest. Inflammation in the upper and middle portion of the dorsal region will assert itself by symptoms in the lower portion of the chest and in the abdomen. There will be pain or a sense of constriction in these parts. Dyspepsia and renal disturbances may occur. When the lumbar region is involved attention will be attracted to the bladder and the rectum, the lower limbs and the genitals. A little later the child will show by its manner of walking or sitting that it has a tenderness somewhere. The joints of the body will be flexed in such a manner as to cause a minimum of jolting or concussion to occur. There will be a rigid carriage of the spine to avoid movement of the sensitive parts. If now the patient be requested to pick up something from the floor, it will be noticed that he does it with great care, flexing the knees and keeping the spine firm. Still later, he will support the spine almost constantly while in the sitting posture, resting his hands upon his knees or by leaning to one side with his elbow supported by the arm of a chair. While walking he instinctively seizes the back of a chair for support. All his efforts seem bent upon relieving the spine from pressure. If he be lifted up by the shoulders he will sigh, an indication of relief from pain, this action being occasioned by relaxation of the muscles that were held in a rigid state by reflex action to form a splint, so to speak, for the diseased spine.

Pressure upon the spinous processes may give rise to pain. It has been claimed that if pressure exerted upon the spinous process of the suspected vertebra was not accompanied by pain, it was sufficient evidence to exclude the idea of the existence of inflammation. It is now known that pressure upon the processes may separate the inflamed bodies of the vertebræ and relieve rather than increase pain. Or should the lesion be located in the articulate facet where the rib joins the body, the pain would not be made manifest; in that case pressure exerted from the side of the chest against the rib will occasion it. Should the various symptoms mentioned be

present and the above method of examination elicit no response, Sayre advises the application of cold or intense heat over the suspected part, on the theory that the nervous irritability is greater in the affected portion and that it will therefore respond more quickly to irritation. For this purpose he used ice or a thimble filled with hot water.

Seguin's local fever thermometer is also recommended as pointing out any abnormal local temperature which must be present with an inflammation. In the advanced stage of the disease, the deformity will be so apparent as to make the diagnosis self-evident. Rotatory lateral curvature and lateral curvature are practically the same, for lateral curvature can not exist long without rotation occurring. The first noticeable symptom is undue prominence of one of the scapulæ. When this condition is present, the spinous processes are to be made out by pressure upon them with the finger; a mark with ink should be placed over each successive process, when the slightest deviation from the perpendicular will become apparent, which can be effaced by simply lifting the child by the shoulders. As time passes, if nothing is done to correct the deformity, it will progress. Its common location is in the dorsal region; when it has existed for a number of months there will be a dropping of the shoulders, one side of the chest will bulge outward and somewhat forward, while the other side is flattened and drawn in. The distance between the lowest rib and the crest of the ilium will be less than that of the opposite side, the intercostal spaces of one side will be wider than the others, and the sternum will be higher on the side of convexity and slightly twisted upon itself and the ensiform appendix.

The entire train of symptoms previously referred to will present themselves sooner or later. If the boy complains that one side of his trousers hangs lower than the other, that he needs to shorten his suspender, that it drops from his shoulders, or if the girl finds a difficulty in keeping her dress in place on one shoulder, a curvature should at once be suspected and inspection made. The grosser symptoms can hardly be overlooked by the experienced surgeon. Many of the symptoms narrated may be mistaken for those of other diseases, among which may be mentioned rheumatism, muscular spasm, neuralgia, indigestion, gastritis, catarrhal affection and paralysis. It will therefore be well to rea-

son by exclusion and prove the result by a careful examination of the vertebræ as above briefly described.

Various measures have been pursued in the treatment of angular curvature of the spine, some for the purpose of relieving the symptoms of paralysis accompanying the disease. This, in fact, seemed to be the chief object of the treatment until the middle of the last century, when the light of reason and the research of active minds led to more radical results, causing efforts to be made to cure the disease that gave rise to the various palsies. Percival Pott, after a series of experiments and long study of the subject, evolved the true pathological condition of the "distemper," as he was pleased to call it, and having come to a correct comprehension of the morbid changes that occurred, he was prepared to apply scientifically such remedies as the light of his day afforded, which were simply rest, setons and issues, cautery, and blisters, the idea being to keep up counter-irritation steadily. The treatment was empirical and not even original, for he took the idea as he himself said, from a confrère; who in turn gleaned it from no less a source than the writing of Hippocrates and empirically employed the same for the cure of palsy accompanied by distortion of the spine, but that it was empirical with Pott, we can not admit, for he certainly was cognizant of the state of affairs existing in the deformed part and had therefore a definite and perfectly rational object in view in resorting to what in modern times have come to be regarded as heroic measures. Hippocrates and his successors stumbled upon the plan of treatment, but their knowledge of the rationale of it was no greater, doubtless, than their understanding of the morbid condition that produced the symptoms they tried to remove. Pott cited numerous cases treated by him, with the most satisfactory results obtained up to his time, and so thoroughly demonstrated the changes that actually occurred, by dissections upon the cadaver, that the plates he prepared can now be used as satisfactory illustrations of the effects of angular curvature of the spine.

In addition to the above course, this enthusiastic surgeon made strong efforts to obtain ankylosis of the vertebræ involved and thus secure a permanent cure with a rigid spine, regretting that nothing more could be accomplished. Here again he established a living truth as to what should

be done, for it remains at the present time as one of the chief ends to be attained by orthopædic surgeons in grave cases, knowing that when the bodies of the vertebrae were destroyed they could not be reproduced, he sought to obtain the best result possible, which was to stay the destructive process and accept the inevitable, a rigid spine with the least degree of deformity and permanent relief of the paralysis. During the past century the course of treatment above narrated was followed in the main, but there has been considerable improvement made by the simple evolution of the subject in conjunction with the advancement of modern surgery. Now we try to restore the spinal column to as nearly its normal condition as possible and secure more perfect rest of the parts inflamed by separating the diseased portion, in the effort of lengthening the spine, thus removing a source of irritation and at the same time giving the patient a more comely appearance and still greater relief to his viscera and nervous system. This is accomplished by means of extension apparatus and supports. Yet still greater progress has been made in the direction of diagnosis, which enables the physician to recognize the disease in its incipency. This has been accomplished by means of the very great increased knowledge of pathology and the invention of instruments. Therefore we are enabled to-day to frequently preserve a flexible joint and to restore to a healthy condition, while in the early days of surgical experience, deformity was the rule, or at least the more favorable result. Bryant, Gross, Langenbeck, Erichsen, Agnew, Mitchell, Hamilton, Sayre and others pursue various modifications of this plan. In the acute stage, rest, slight extension, leeching, sedative applications and internal sedatives with calabar bean or ergot. Sub-acute stage: In some instances vesication, rest and extension with supporting apparatus. Chronic stage: Jackets or corsets with out-door exercise. In all conditions particular attention is given to diet, constitutional treatment, and hygienic surroundings. Complications should be treated according to surgical principles.

Lateral and rotatory lateral curvature. The pathology of these forms of flexures being chiefly functional, in the outset the treatment needs to be conducted on different principles from the last mentioned, but at a later period it will require similar treatment in some respects. When there

is much deformity it becomes essentially necessary to apply extension in order to remove the pressure resultant upon the malposition of the parts, from the nerves and viscera, to restore innervation to the muscular tissue and make room for the performance of respiration, digestion, and more perfect cardiac action, with better circulation. Where the curvature is far advanced in the dorsal region, its common seat, I claim that it is a matter of prime importance to straighten the column, for in more than one instance have I seen the respiratory and circulatory functions greatly interfered with by the crowding of the ribs into the thorax. Objection has been made to the use of braces, entire dependence being placed upon muscular exercise for the restoration of the parts. Experience has taught that nutrition is very imperfect when the blood is not thoroughly decarbonized, and so long as there remains a constriction of the chest sufficiently great to impede the working of the entire parts therein contained, it must be utterly impossible for free oxygenation of the blood to occur, and the tonus of the muscular system cannot be promptly, if at all, restored. It matters little what kind of an apparatus is used so long as the purpose sought is accomplished. It need not of necessity interfere with muscular action, which cannot be dispensed with. There can be no doubt that nerve stimulus must reach the muscle better when the pressure is removed from the nerve that supplies the muscle.

The favorite plan with me to obtain extension and support is by using the Sayre Jacket, the next, a corset brace constructed of two cones, continuous at their contracted ends, the fastening of which causes pressure in opposite directions. The Sayre Plaster Jacket has been chiefly resorted to in the treatment of angular curvature, and he originally intended it for the treatment of Pott's Disease. He now, however, also uses it for rotatory lateral curvature. The jacket, when properly applied, it seems to me, will be of greater service than any other apparatus thus far devised. Several instances have come to my notice where this plan was discarded simply because the surgeon could not make it hold together for any reasonable length of time. My first experience with it was not entirely satisfactory, but the method of preparing it I have recently adopted is quite so. My plan now is to cut a piece of muslin, some-

thing like a vest, accurately fitted to the body, extending from the cleivle to the os pubis. This is cut double, two pieces for the front and two for the back. The plaster net is spread between these layers in moderate quantities, a gauze shirt being placed next the skin, then the two sections are placed against the trunk, while the patient is suspended, one behind, the other in front, while the patient is suspended with a stomach pad placed next the skin over the epigastrium. The pieces meet in a line under the arms. Then a roller plaster bandage is carried about the body several times and moistened. This is allowed to "set" and while still drying the patient is placed upon his back and the stomach pad is removed.

Such a jacket will remain firm for months, and can be comfortably worn for a long time. One of my patients wore one two months and it was so firm after removing it that I regretted having done so. It is surprising what good results follow this treatment, accompanied by muscular exercise, in a short time. One young lady treated by me in this way was permanently lengthened one and a half inches after wearing the second jacket three months. Two weeks after she was encased for the first time, she gained five pounds in weight, was relieved of epigastric tenderness, the color returned to her cheeks and she sat for hours at the piano, which she had neglected for two years on account of feeling too weak to play, as she expressed it. At the present time her shoulders are almost even and she stands perfectly erect. One little boy, six years of age was permanently lengthened one and a half inches in four months, gained proportionately in weight, strength and general vigor. His respirations had been so greatly interfered with by the contraction of the chest as to produce cyanosis, and greatly alarmed his parents. They volunteered the statement that he was rapidly growing feeble and they could not comprehend why, until the curvature with the distorted sternum was pointed out to them. From the moment the jacket was applied he began to improve, and continues to do so.

Having succeeded in giving the various organs an opportunity to perform their functions with impunity, the next step will be to exercise the muscles that have become weakened. How is this to be accomplished, is the important question and we must be governed in action by the individual case. A great deal has been written concerning it, and it would be difficult to

say anything new on this point. One of the most serviceable exercises is swinging with a trapeze, suspending the body by the upper extremities.

As already noted in dorsal curvature, the muscles chiefly involved are the rhomboids and serrati. They are brought into great activity, and the projecting scapulæ are brought flat against the back by this exercise. A good plan, also, is to require the child to use the weakened muscles more than the others while working or playing. When the patient is too feeble to exercise without additional support, Dr. Lee's suspension apparatus attached to a wheeled vehicle will be found of great service: this is especially useful in cases of Pott's Disease when it is desirable to give the patient out door exercise.

CORRESPONDENCE.

ECHOES OF THE BEACONSFIELD CONTROVERSY—OPIUM EATING IN ENGLAND—HOMŒOPATHIC CONVENTION—LONDON CORPORATION AND THE INTERNATIONAL MEDICAL CONGRESS—ASSAULT ON PRESIDENT GARFIELD—BITTER ALMOND POISONING—CHLORATE OF POTASH POISONING.

LONDON, July 6, 1881.

The Jenner-Quain-Kidd controversy is still being slightly agitated and conversation in London medical circles still turns on what does or what does not constitute an homœopath. This controversy is, however, beginning to lose its interest and as the dull medical season is approaching, something else must be found for English medical men to expend their surplus intellectual energies upon. Drs. Murrel, Maxwell and Westland are endeavoring to raise a little excitement over the subject of opium eating in England and China. Dr. Murrel rather takes up the cudgels for opium, and claims that the habit of opium eating is extremely prevalent in certain districts in England, that the quantity consumed is very great and that opium eating, after all, does very little harm. He, however, depends for his facts on Dr. Elliott, who lived for a number of years in Cambridgeshire, where the habit is very common, and who claims that in that region people live to extreme old age, despite the use of the drug. Drs. Maxwell and West-

land, however, agree more with the American and German experience of opio-phagism, finding it extremely deleterious. Dr. Murrel's views will certainly astonish many physicians in the United States. The homœopaths have recently held their convention here, but despite a grand flourish of trumpets, make a comparatively poor showing. The corporation of London is making all due preparation to receive the members of the International Medical Congress, and a great deal of what would be called in the United States spread-eagle oratory has been indulged in concerning this. The attempted assassination of your president has given rise to much discussion here, both as to the character of his wound and the mental condition of his would be assassin. The generally expressed medical opinion would seem to be that the liver or other abdominal viscera have not been injured. The preponderance of medical opinion is against the sanity of the would be assassin. A decision has recently been rendered in Scotland that a husband is liable for a wife's bill for medical attendance even though she have a separate estate. A curious case of poisoning was recently reported from Belfast, Ireland; a constable swallowed a small quantity of chlorate of potash in mistake for a seidlitz powder. The case is interesting as bearing upon the alleged poisonous nature of chlorate of potash, which has of late been so much discussed. Another curious case of poisoning was recently successfully treated at the Charing Cross Hospital. A patient entered the hospital in an insensible condition. His jaw was firmly fixed, teeth closed, pupils contracted and insensible to light. Heart apex beat feeble and rapid. The stomach pump was used and a thick, brown fluid containing white specks smelling strongly of hydrocyanic acid, was evacuated. After treatment with twenty-five cells of a Lelanche battery and stimulants, the patient rallied; he had two slight convulsive attacks. Two days after he had fully recovered. He gave a history of having taken the day previous two handfuls of bitter almonds. Poisoning from bitter almonds is a relatively unfrequent occurrence and seems worthy of note. The use of the bromides in sea-sickness is just now a prominent topic of both popular and medical conversation. Infants, it would appear from a recent coroner's inquest, are occasionally buried without proper legal formalities in England, and the whole

subject is exciting some general comment. In the next letter I hope to have something to say in relation to the coming International Medical Congress.

The following is the programme as given by Dr. William MacCormac, the Honorary Secretary: The International Medical Congress will be inaugurated by an informal reception at the Royal College of Physicians, Pall Mall East, the afternoon of August 2. The first meeting of the Congress will be in St. James' Hall, 11 A. M., August 3. The succeeding meeting will be in the London University. The sections will meet at 10 A. M. and 2 P. M., daily, in the following places: Anatomy, at the Council Room, Linnæan Society, Burlington House; Dermatology, at the Royal Astronomical Society, Burlington House; Diseases of Children, at Willis's rooms; Gynæcology and Obstetrics, at the Theatre, London University; Laryngology, (sub-section) at the Antiquarian Society, Burlington House; Materia Medica and Therapeutics, at the Royal Geological Society, Burlington House; Military Surgery and Medicine, South-East Examination Hall, London University; Odontology, at Linnæan Society, Burlington House; Ophthalmology, at the Royal Society, Burlington House; Otology, at the Royal Academy of Arts, Burlington House; Pathology, at the Chemical Society, Burlington House; Physiology, at the Royal Institution, Albemarle St.; Practice of Medicine, at Willis's Rooms; State Medicine, at the Royal School of Mines, Jermyn St.; Surgery at the Library of London University; and Neurology, at Willis's Rooms.

The programme by days, is as follows: August 2, registration and reception of the members of the Congress by the Executive and Reception Committees. August 3, 11 A. M., general meeting of the Congress; address of welcome; report of Secretary-General; election of officers; election of honorary presidents of the Congress and of sections; inaugural address by the President. 3 P. M., meetings of sections. At 9 P. M., conversazione of the English members of the Congress to the foreign members at South Kensington Museum. August 4, 10 A. M., meeting of sections; 1.30 to 3.30 P. M., the medical officers of Guy's, London, St. George's, St. Mary's, St. Thomas's and Westminster Hospitals will receive members of the Congress desirous of inspecting the hospitals, schools, and museums; 2 P. M.,

meetings of sections; 4 P. M., general meeting, in the theatre of London University; address, "Past and Present Scepticism in Medicine," by Professor Maurice Raynaud, of Paris; 6.30 P. M., banquet to members of the Congress at the Mansion House. August 5, 10 A. M., meetings of sections; 1.30 P. M., visits to Bethlehem, Charing Cross, King's College, Middlesex, St. Bartholomew's and University College Hospitals; 2 P. M., meetings of sections; 4 P. M., general meeting, address by Dr. John S. Billings of Washington, D. C., on "Our Medical Literature;" 9 P. M., conversazione at the Royal College of Surgeons; 12.45 P. M., Mr. John Penn will receive a number of members of the Congress on board a special steamer at Charing Cross pier. The party will visit Greenwich, lunch and afterward view the Penn marine engine works. August 6, 10 A. M., meetings of sections; 4 P. M., reception to the members at Kew Gardens, by Sir J. D. Hooker; garden party at the residence of Mr. and Mrs. Spencer Wells, Golder's hill, Hampstead; 6.30 P. M. the United Hospital Club will entertain members at dinner at the "Star and Garter," Richmond; 2 P. M., excursion to Folkestone, to the unveiling of the Harvey Memorial statue, special train tendered by the South-Eastern Railway Company. Afterward there will be a banquet by the Mayor and Corporation at the Town Hall.

Excursion to Hampton Court. The party will then proceed by river to Hampton Wick to Dr. Down's residence, Normansfield. August, 7, 10 A. M., service in Westminster Abbey, at which the sermon was to have been preached by the late Dean Stanley; 3.15 P. M., service in St. Paul's Cathedral, sermon by Canon Liddon. The Royal Zoological and Royal Botanical Societies' Gardens will be open to members on presentation of their tickets; 1.30 P. M., excursion to Foxhill by special train on the London, Brighton and South Coast railway. Sir Trevor Lawrence, M. P., will entertain the members at Burford Lodge. August 8, 10 A. M. and 2 P. M., meetings of sections; 4 P. M., general meeting; address by Dr. Volkmann of Halle; 6.30 P. M., dinner to foreign members by the Society of Apothecaries, Blackfriars; 9 P. M. soirée in Albert Hall, and the International Medical and Sanitary Exhibition, South Kensington; 11 A. M., visit to St. Katharine's, London, Royal Victoria, and Royal Albert Docks, with Sir George Chambers. August 9, 10 A. M., meeting of sections; 2 P. M., general

meeting; address by Professor Huxley, on "The Connection of the Biological Sciences with Medicine;" 3 P. M. concluding meeting of the Congress. An informal dinner will take place at seven o'clock in the Concert Room of the Crystal Palace. This is all the information at present obtainable in regard to the Congress, of which more in the next letter. T.

THE PRESIDENT'S WOUND—DR. WEISSE'S EXPERIMENTS—GUITEAU'S MENTAL CONDITION—MULTIPLE CEREBRO-SPINAL SCLEROSIS FROM A FORENSIC STANDPOINT—CAT-ALEPSY FROM ABSINTHE—QUEBRACHO IN EXOPHTHALMIC GOITRE—MANIA A POTU FROM RHEUMATISM—INTERNATIONAL MEDICAL CONGRESS—LAY REVIEWS OF MEDICAL WORKS.

NEW YORK, July 28, 1881

The chief topics of conversation in New York medical circles are the president's wound, the mental condition of his assailant and the coming International Medical Congress. The prevalent opinion is a little opposed to the earlier idea that the liver had been wounded. Dr. Weisse has been rather severely criticised by the daily press for his theatrical experiments on dead bodies as being offensive to the general sense of decency, and medical opinions are not rarely expressed that the whole performance was largely an advertising dodge, to say the least, useless and having a tendency to unnecessarily arouse public prejudice. The whole subject is leading to some exceedingly witty comments by the daily press, the New York Times, for example, expressing the fear that if the president continues ill very long, there will not remain a single American whose liver has not been wounded. Among the jeux d'esprit which the occasion has aroused, the following from the New York Times is not unworthy a place in the present letter.

"The number of people who are coming to the front with livers that have been perforated with cannon, musket, rifle and pistol balls must astonish the general public, but to the veterans of the late war it is an old story. The writer desires to put himself on record, as a member of the grand army of sieve livers. During the Mexican war I was an

Ohio volunteer, and during a skirmish near the city of Vera Cruz was shot between the eleventh and twelfth ribs, and half of my liver carried away. After my recovery from the wound I enjoyed better health than previous to the disaster. During the war of the rebellion, while a member of an Ohio regiment, and at the battle of Arkansas Post, I was shot between the tenth and eleventh ribs, and the remainder of my liver disappeared. After recovery I was a better man than ever; in fact, I never knew what perfect health was till I lost my liver. My case would seem to prove, and I believe such to be the case, that the liver is a mistake of nature. The most singular part of my case is that neither the balls or the liver have ever been found. Rufus Hatch Livermore."

The mental condition of Guiteau is a matter occasioning much variance of opinion. The superintendents of asylums for the insane chime in, as these gentry generally do, with the popular prejudice. One of them, Dr. A. E. Macdonald, of Ward's Island, claims that Guiteau is a perfect miracle of sanity. Dr. Nichols of Bloomingdale has, to judge from his opinion, as reported by two different reports, given diametrically opposite judgments on the same subject. Certain of the scientific superintendents, like Drs. Parsons, T. H. Kellogg, and others, and some of the non-asylum alienists, like Dr. Spitzka, have steadily refused to be interviewed on the subject. That Dr. A. E. Macdonald should have expressed the opinion that Guiteau was typically sane is not astonishing. He has already been the chief instrument in hanging one man, whom an autopsy made by the doctor's friends showed, must have been insane according to the pathology adopted by these gentlemen.

A case of somewhat similar forensic relations to the question just mentioned has recently been decided. The readers of the Review may remember the suit of a man named Higgins against his wife for property which she had wrongly obtained from him by reason of his mind being so greatly enfeebled from multiple cerebro-spinal sclerosis as to make him readily yield to any influence of hers. The case has been just decided in his favor, and the judgment is valuable as furnishing a good judicial precedent for the doctrine that a mind may be enfeebled without being so totally destroyed as to deprive the patient of the power of giving evidence.

Turning from this subject to strictly medical topics, it may be of interest to the readers of the Review to learn that Dr. Wm. H. Draper has had in his service at the New York Hospital a case of catalepsy, which he claims was due to the use of absinthe; the case however was not pure catalepsy, but a cataleptoid condition, and the only evidence of the etiological influence of the absinthe was the fact of the man being an absinthe drinker. In the same service a case of pernicious, intermittent fever was treated by the hypodermic use of quinine, of which drug forty grains were given in two days, with very favorable results. Dr. Draper has treated exophthalmic goitre with quebracho. The patient improved much, but as she was at the same time taking morphine, nitrite of amyl and other remedies, the case is too impure to be of any value as evidence of the therapeutic influence of quebracho.

A patient recently was admitted into the same hospital who was a hard drinker, and was suffering from rheumatism. He had a high temperature and was put on salicylic acid; the temperature fell from 102° F. to 98° F., and he became delirious. Dr. Draper ascribes this delirium to mania à potu, but it is evidently due to either the rheumatism or, more probably, to the salicylic acid, which has before shown a tendency to cause delirium in certain cases of acute rheumatism.

The International Medical Congress has caused quite a flutter in medical circles; nearly every other third rate medical man who is a member of some clique, announces himself a delegate, and if they all go, the English will certainly have reason to be astonished at the number of little great men in the American medical profession. The New York Herald seems to be establishing a reputation for itself as a judicious medical critic. It recently commented on Dr. Beard's book on "Sea Sickness," after the following fashion: "As the treatise is presented in a popular form it is perhaps intended for the people and not for the profession; yet it recommends the use of atropia, cannabis indica, and several preparations of bromine, drugs which, in the hands of the unskilful are certainly more to be feared than sea sickness." When the lay press comments like this, the millenium would seem not so far distant were it not for the probability that the review was written either by or at the suggestion of a member of the medical profession. J.

REVIEWS.

A TEXT BOOK OF PRACTICAL MEDICINE with Particular Reference to Physiology and Pathological Anatomy. By Dr. Felix Von Niemeyer, Professor of Pathology and Therapeutics, Director of the Medical Clinic of the University of Tübingen. Translated from the Eighth German Edition, by special permission of the author, by George H. Humphreys, M. D., and Charles E. Hackley, M. D. Revised Edition in two volumes. D. Appleton & Co., New York, 1881. Jansen, McClurg & Co., Chicago.

The death of the author of this well known text-book since the last edition (1871) and the numerous changes in medicine that have occurred since that period, have necessitated a new German edition, which has been edited by Dr. Eugene Seitz. This gentleman, doubtless cramped by publishers' requirements, has condensed the first edition very much, thereby injuring the pleasant literary style which characterized that edition. The American translators have very sensibly, used as far as possible, the text of the work as originally prepared by Niemeyer, while adding such material from the Seitz edition and other sources, as was necessary to bring the present edition up to date as regards advances in medical science. Many new chapters have been added. Among others, one on yellow fever, in main part a condensation from Bartlett's "Fevers of the United States." Niemeyer lived at a time when nihilism in therapeutics was the dominant medical philosophy; this is now changed, the dominant theories are now positivistic and the book reads very strangely, to those who are influenced by Bartholow and others of the positivistic school. The present edition of Niemeyer, added to Bartholow's recently issued practice will certainly be found of value to almost every practitioner, as the two works amply supplement each other's deficiencies. The book is, it is almost needless to say, well translated, and is well issued by the publishers. That it will pass through a future edition is improbable. The death of the author and the difficulty of its edition without injury, as shown in the Seitz failure, will tend to deprive the book of the qualities which have rendered it valuable, its reflection of the great spirit of existing medicine and its judicious controversial discussions its agreeable style.

GENERAL PARALYSIS OF THE INSANE, by W. Julius Mickle, M. D., M. R. C. P., London, Member of the Medico-Psychological Association of Great Britain and Ireland; Member of the Clinical Society, London; Medical Superintendent of Grove Hall Asylum, London. K. Lewis, 136 Gower street, W. C. London, 1880.

There is perhaps no psychosis which has received so extensive an analysis and so frequent description as progressive paresis. Many of the works devoted to its consideration have been monumental in character, as for example, that of Voisin. The medical world is deluged with treatises on the subject, and any new work must have a very pertinent cause as its *raison d'être*. The work of Mickle, while valuable, cannot be said to be imperatively needed. The first chapter considers the various names applied to the disease, objecting, as any thinking psychiatrist must object, to the term paralytic dementia, on the ground of its being used to designate so many different states; but the term general paralysis of the insane is almost as objectionable, as it is incorrect, the affection being not a paralysis but a paresis, and not general but progressive. The chapter also gives a history of the discovery of the disease. He uses a rather objectionable gallicism, prodromes, to designate prodromata. The prodromata given by him are vague and indefinite, many of them constituting rather the first stage of the disease, and he himself admits this. This chapter is rather an undigested one, and it is difficult to ascertain whether the author lays most stress on mental or physical prodromata. General paralysis of the insane would, according to him, have as many symptoms as neurasthenia, and what is not a symptom of neurasthenia has yet to be described. The author, however, lays some stress on moral obliquities, an instance of evident clinical observation. Chapter second takes the question of symptoms. Mickle adopts the division of many other writers. Taking the book as a whole, it may be of some value as a storehouse of clinical observation, but neither its psychology nor its pathology can be considered of the first class. It certainly shows little skill in the selection of material; the mediocre monograph on the subject of paresis by Dr. E. Macdonald is extensively quoted, while the valuable article of Spitzka, published in the same year, is ignored. The book does not impress one with the book making skill of the English.

MOUTH BREATHING. By Clinton Wagner, M. D., Professor of Laryngology in the University of Vermont, etc. G. P. Putnam's Sons, New York, 1881. Jansen, McClurg & Co., Chicago.

In this little volume Dr. Wagner discusses in a pithy, practical manner, the pernicious effects of mouth breathing. Many practices far less objectionable have been more preached at and exposed, but relatively little attention has been paid to this. Dr. Wagner's little book therefore really does what so many works claim to do, fill a void in medical literature. The book could, with profit, be circulated among the laity. Dr. Wagner has with great propriety appended the discussion in the society before which the paper, which formed the nucleus of the present work, was read. The work is well issued by the purchasers, and being small in size, is well adapted for perusal during the present season.

MARINE HOSPITAL SERVICE.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, from April 1, 1881, to June 30, 1881.

RESIGNATION.

Doering, E. J., Surgeon. Resignation accepted by the Secretary of the Treasury, to take effect May 20, 1881, April 2, 1881.

PROMOTION.

Gassaway, J. M., Surgeon. Promoted to be Surgeon from May 21, 1881, May 16, 1881.

BOOKS AND PAMPHLETS.

C. H. Nichols, M. D., New York, N. Y. The One Hundred and Eighth, One Hundred and Ninth and One Hundred and Tenth Annual Report of the State of the New York Hospital and Bloomingdale Asylum for the years 1877, 1879 and 1880.

De Forest Willard, M. D., and E. O. Shakespeare, M. D., Philadelphia, Pennsylvania. Hip Joint Disease. Death in Early Stages from Tubercular Meningitis. Reprinted from the Boston Medical and Surgical Journal, 1881.

Celso Pelizarri, M. D., Florence, Italy. Della Sifilide Epileptiforme. Reprinted from the Rivista Sperimentale de Freniatria, January, 1881.

Fifth Annual Report of the Department of Public Works to the City Council of the City of Chicago.

T. L. Wright, M. D., Bellefontaine, Ohio. The Quality of Mental Operations Debased by the Use of Alcohol. Certain Depraved Mental States Analyzed. Reprinted from the Alienist and Neurologist, St. Louis, July, 1881.

John B. Roberts, A. M., M. D., Philadelphia, Pa. Ether Death: a personal experience in four Cases of Death from Anæsthetics. Read before the Philadelphia County Medical Society, February 9, 1881. Reprinted from the Philadelphia Medical Times, June 4, 1881.

George C. Pitzer, M. D., St. Louis, Missouri. Annual Announcement of the American Medical College, St. Louis, Missouri, 1881-82.

Horace Wardner, M. D. Second Biennial Report of the Illinois Southern Hospital for the Insane, Anna, Illinois.

Selim H. Peabody, Ph. D. Catalogue of the Illinois Industrial University.

Joseph K. Barnes, M. D., Surgeon General U. S. Army, Washington, D. C. Quarterly Report of Medical Officers, United States Army, with their Stations and Duties as reported to the Surgeon General, July 1, 1881, or at date of last report received at his office.

C. J. Lundy, M. D., Ann Arbor, Michigan. Tubercular Laryngitis, or Laryngeal Phthisis. Reprinted from the Physician and Surgeon, February, 1881.

Wm. B. Hazard, M. D., St. Louis, Missouri. Announcement and Catalogue of the St. Louis College of Physicians and Surgeons, Corner North Market and Eleventh Streets, St. Louis, Missouri. Session 1881-1882.

W. E. Quine, M. D., Chicago. Twenty-Third Annual Announcement of the Chicago Medical College, (Medical Department of the Northwestern University), Corner Prairie Avenue and Twenty-sixth Street, Chicago. Session 1881-1882.

Leartus Connor, M. D., Detroit, Michigan. Glaucoma caused by Mental Worry, Illustrated by the Report of a Case. Reprinted from the Detroit Lancet, July, 1881.

W. H. Daly, M. D., Pittsburg, Pennsylvania. Stenosis of the Larynx, with Fibrous Adhesive Bands of the True Vocal Cords; Tracheotomy, Rupture of Bands, and Cure of Stenosis by General and Local Treatment.

— Some Remarks Concerning the Value of the Galvano-Cautery in Treatment of Diseases and Growths of the Naso-Pharynx. Papers read before the American Medical Association, at its Annual Meeting in New York, May, 1880. Reprinted from the Transactions of the American Medical Association, Vol. XXXI. 1880.

William H. Anderson, M. D., Mobile, Alabama. The City of Mobile, and the Contiguous Country about the Gulf Coast as a Winter Resort for Health and Pleasure of Invalids and Others from the West and Northwest, 1881.

James G. Kiernan, M. D., Chicago, Ill. Contributions to Psychiatry. Reprinted from the Journal of Nervous and Mental Diseases, Oct. 1880.

Clinton Wagner, M. D., New York City, N. Y. Habitual Mouth Breathing. Its Causes, Effects and Treatment. New York, G. P. Putnam's Sons, 1881; Jansen, McClurg & Co, Chicago.

MORTALITY IN CHICAGO FOR MAY AND JUNE, 1881. POPULATION, CENSUS, 503,298.
Oscar C. DeWolf, M. D., Commissioner of Health. M. K. Gleason, M. D., Registrar of Vital Statistics.

ZYMOTIC DISEASES.		ORDER 2— <i>Tubercular.</i>		Congestion—Lungs 17		Cyanosis 3	
ORDER 1— <i>Miasmatic.</i>		Caries of the Vertebrae 2		Empysema 1		Congenital Debility 28	
Cholera—infantum 143		Hip Joint Dis 1		Empyema 1		Dentition 14	
Cholera—Morbus 5		Hydrocephalus 12		Hydrothorax 2		Spina Bifida 1	
Croup 57		Hæmoptysis 1		Laryngitis 2		Umbilical Hæmorrhage 1	
Diarrhœa 57		Phthisis Pulmonalis 155		Pleuritis 3		ORDER 2— <i>Women.</i>	
Dysentery 9		Rachitis 1		Pneumonia 114		Abortion 1	
Diphtheria 82		Scrofula 5		Pneumonia—Broncho 8		Childbirth 2	
Entero-Colitis 44		Tabes Mesenterica 4		Pneumonia—Pleuro 8		Hæmorrhage, Post-Partum 1	
Erysipelas 6		Tubercular Meningitis 8		ORDER 4— <i>Digestive.</i>		Puerperal—Pyæmia 1	
Fever—Cerebro-Spinal 126		LOCAL.		Calculi—Biliary 1		Puerperal Septicæmia 7	
Fever—Remittent 6		ORDER 1— <i>Nervous.</i>		Cirrhosis—Liver 10		Puerperal Convulsions 2	
Fever—Scarlet 37		Apoplexy—Cerebral 14		Enteritis 50		Puerperal Peritonitis 22	
Fever—Typhoid 63		Atrophy—Brain 1		Fatty Degenerat'n of Liver 4		ORDER 3— <i>Old Age.</i>	
Fever—Typho-Malarial 10		Cerebritis 5		Gastritis 19		Debility—Senile 36	
Fever—Typhus 1		Congestion Brain 23		Gastro-Enteritis 43		ORDER 4— <i>Nutrition.</i>	
Measles 33		Convulsions—Infantile 196		Hæmatemesis 1		Asthenia 7	
Measles—German 3		Chorea 1		Hernia 3		VIOLENCE.	
Mumps 1		Encephalitis 19		Hepatitis 2		ORDER 1— <i>Accident.</i>	
Pyæmia 9		Epilepsy 8		Icterus 1		Burned 2	
Septicæmia 2		Hydrocephalus—Acute 13		Intussusception 3		Concussion—Spine 1	
Small-Pox 81		Laryngismus Stridulus 2		Pancreatitis 1		Crushed 5	
Whooping Cough 31		Mania 1		Peritonitis 16		Drowning 16	
ORDER 2— <i>Ethnetic or Inoculated.</i>		Meningitis—Cerebral 79		Stomatitis 3		Exposure 1	
Syphilis—Congenital 6		Meningitis—Spinal 17		Typhlitis 3		Fracture—Skull 3	
ORDER 3— <i>Dietetic.</i>		Hiccough 1		Ulceration—Stomach 2		Run over by Wagon 2	
Alcoholism—Chronic 7		Paralysis 6		Ulceration—Bowels 2		Scauld 1	
“Delirium Tremens 3		Paralysis—Brain 1		Ulceration—Bile duct 1		Shock from R.R. Accident 20	
Morphine Habit 1		Paralysis—Lungs 1		ORDER 5— <i>Urinary.</i>		“Surg. Operat'n 1	
Inanition 73		Paraplegia 1		Abscess—Kidney 1		Suffocation 1	
Purpura 1		Softening of the Brain 3		Bright's Disease 18		Wound by Fall 11	
CONSTITUTIONAL.		Sunstroke 2		Cystitis 3		Wound—Lacerated 2	
ORDER 1— <i>Diathetic.</i>		Tetanus—Traumatic 2		Diabetes 2		Wound—Gunshot 1	
Anæmia 3		Tumor—Brain 1		Nephritis 8		Poisoned—Alcohol 1	
Cancer 1		ORDER 2— <i>Circulatory.</i>		Uræmia 1		Poisoned—Morphia 5	
Cancer—Bladder 1		Aneurism—Iliac 1		ORDER 6— <i>Generative.</i>		ORDER 2— <i>Homicide.</i>	
Cancer—Breast 3		Aneurism—Traumatic 1		Metritis 1		Murder 2	
Cancer—Eye 1		Angina Pectoris 1		ORDER 7— <i>Locomotory, Osseous.</i>		Manslaughter 2	
Cancer—Face 3		Embolism Pulm. Artery 1		Caries—Knee-joint 3		ORDER 3— <i>Suicide.</i>	
Cancer—Liver 1		Endocarditis 2		Necrosis—Upper Jaw 1		Gunshot 2	
Cancer—Neck 1		Heart—Organic Disease 18		ORDER 8— <i>Locomotory, Integumentary.</i>		Jumped from Tower 2	
Cancer—Omentum 1		Heart—Valvular Disease 19		Abscess—Pelvic 2		Strangulation 3	
Cancer—Oesophagus 1		Heart—Fatty Degenerat'n 3		Abscess—Vaccine 1		Poison—Arsenic 1	
Cancer—Stomach 7		Heart—Hypertrophy 4		Abscess—Perineal 1		Poison—Cyanide Potass. 1	
Cancer—Uterus 5		Pericarditis 3		Abscess—Neck 1		Poison—Laudanum 1	
Dropsy 7		Syncope 6		DEVELOPMENTAL.		Ill Defined 6	
Marasmus—Senile 6		ORDER 3— <i>Respiratory.</i>		ORDER 1— <i>Children.</i>		Total Deaths 2250	
Marasmus—Infantile 23		Asthma 8		Atelectasis Pulmonum 2			
Rheumatism 8		Bronchorrhea 1					
		Bronchitis 37					
		“Capillary 21					

WARDS.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Public Institutions	Total.
Small Pox				1	1	9	12							8	5	3			41	84
Measles	1		1	1	3	5				1			1	18	2	1	1	1		36
Scarlatina			1	3	8	4	7	6			1	1		11	5	1				37
Diphtheria		3	4	2	5	3	4	6		3	31	3	7	33	3	5	3	4		82
Croup		3		1	2	3		5		3	1	12	2	24	5	1	2	2	2	57
Whooping Cough	1	2	1	1	4	1	1	2	4		2	1			4	1	1	2	1	31
Fever—Typhus																1				17
Fever—Typhoid	2	1	1	2	3	3	4		2	3	4	1	4	6	3	1	2	4	9	58
Fever—Cerebro-Spinal	2	3	6	7	16	7	15	14	4	3	4	1	2	15	6	1	5	1	7	120
Fever—Malarial		1	1			3	1			1		3	1	3	1	1	1			15
Diarrhoeal Diseases	1	7	5	6	28	29	25	12	5	4	5	13	6	60	1	9	10	1	12	252
Other Zymotic Diseases	2	3	5	3	11	6	10	6	1	7	2	3	3	6	3	4	6	3	22	54
Totals	9	23	25	23	81	70	71	49	16	23	24	36	24	154	51	29	36	18	30	1887
Phthisis Pulmonalis		7	4	5	14	13	14	6	14	6	6	7	6	14	11	26	5	3	10	115
Acute Lung Diseases	7	8	6	8	24	34	14	13	14	7	2	6	8	86	6	11	6	10	4	208

Wards	Popula- tion.	Density per Acre.	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.	Wards	Popula- tion.	Density per Acre.	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.
1	14,765	30.78	12	31	1.08	12	27,914	12.59	33	71	1.20
2	20,099	51.00	36	65	1.62	13	20,857	14.58	55	70	1.73
3	16,798	38.31	34	62	1.27	14	56,534	18.37	90	37	2.32
4	28,102	26.26	35	74	1.32	15	28,863	33.29	76	125	2.09
5	47,500	16.50	125	187	1.97	16	23,771	44.52	57	34	1.82
6	40,890	9.78	170	230	2.80	17	24,676	64.42	49	94	1.93
7	37,457	26.69	107	166	2.21	18	22,331	40.37	25	64	1.40
8	37,146	57.68	74	124	1.67	Public institutions...		74	173		
9	17,477	60.35	34	56	1.70	By violence.....		4	93		
10	15,754	60.61	36	63	2.03	Unknown.....					
11	22,364	38.95	19	49	1.11	Total.....			2250		

COMPARATIVE MONTHLY MORTALITY.—June, 1879, 639; June, 1880, 896; May, 1881, 1287; June, 1881 963.
Premature Births...43. Still Births.....94. 1.9.3 deaths in 1,000 Annual rate per 1,000, 22.96.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.
E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.
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COURT ETIQUETTE IN MEDICINE.—In view of certain humiliating circumstances which have marked the ethical history of the president's case, it becomes the public and the profession to consider whether the medical etiquette of our republican court is not almost parallel to that of one Teutonic Grand Duchy in which the chief "serene transparency" died because no one had the right to bleed him but the court barber. It appears to be inevitable that all the medical heads of the various departments of state must be consulted whenever the life of a great statesman is in jeopardy, or the unappreciated must be in dudgeon. Indeed, prominent medical officers in the military and naval service, and at the head of other medical departments of state, seem stirred to their inmost souls by the occurrence of any event like the attempted assassination of the president, and our court etiquette then shines forth in all its splendor. The military just now appears to take precedence of the naval, the surgeon-general of the navy, for some good, or bad, or indifferent reason, not having been permitted to continue as one of the consultants. Also a prominent candidate for the surgeon-generalship of the army, who recently was very near to that appointment, is debarred from the delights of the consultation chamber under circumstances which do not appear creditable to

any one. No good reason has ever been given why any United States medical officer should ever be called in such a case. His official position is a good reason why he should never be called, unless for obvious reasons, which would seldom occur, his location or his exceptional ability, render his attendance imperative. In a city like Washington, surgeons in civil life may be found who presumably have had larger practical experience than a class of men who for years have been divided between executive and social duties, or who have occupied frontier posts in time of peace. This may be said with no disparagement of any one, the question being not whether the present medical heads of departments are capable practitioners, but whether in general, they are liable to be superior or equal to the average good surgeon in civil practice.

But there is another more powerful consideration to be taken into the account, and it is one of grave political importance. Upon the president, as the commander-in-chief of the army and navy, medical officers depend for official advancement. The distinguished ability of the present surgeon-general of the army is so far beyond dispute that we may without offence, simply suppose for example, that the president, upon his recovery, should have some good reason for his retirement. Indeed, for

reasons which we do not attempt to explain, such a state of things recently appeared imminent. But what must be the sentiment of the executive when he is called by his duty to act in the case of one who has rendered what he must regard as signal service in a private capacity? A man with the president's sense of duty and of gratitude would have to be torn by contending emotions such as would undoubtedly shock the tender sensibilities of any surgeon-general, whether his appointment were in posse or in esse.

ACTION OF JABORANDI ON THE HAIR.—Dr. D. W. Prentiss (Philadelphia Medical Times, July 2, 1881) reports a case of pyelo-nephritis treated by pilocarpin, in which the hair changed in color from light blonde to jet black during the course of the treatment. The patient was, however, a somewhat neurotic subject. The hair was normal in character but increased in quantity. The properties of jaborandi in respect to causing increased growth of hair have been so often called attention to that its alleged power in this respect seems worthy of investigation.

THE ILLNESS OF DR. BLISS.—Dr. Bliss is suffering from a poisoned wound, the result of the absorption of pus from the President through a cut on the finger. It is reported that he is expected to be well enough to resume his duties at the presidential mansion in a day or two. There is reason to suppose that he would, by so doing, not only place his patient's life in additional danger from blood poisoning, but that he would also be acting in violation of the most ordinary precautions of modern surgery. If the President should develop septicæmia or pyæmia under the care of a surgeon suffering from such a wound as Dr. Bliss is said to have, his surgical management, would doubtless be the subject of criticism throughout the entire surgical world. The nature of the wound of Dr. Bliss may be wrongly reported.

THE PRESCRIPTION CONTROVERSY.—In a recent communication (Druggist, August, 1881,) Mr. T. N. Jamieson, a Chicago pharmacist, suggests as a means of settling the prescription muddle, "that at the expiration of a period to be agreed upon between physician and druggist, all prescriptions, as far as practicable, be returned to the authors, to be by them preserved for future reference if need be, by the druggist. The time which the druggist may retain them need not extend over thirty days, which will be sufficient for his protection, and the return of them will be an evidence of his desire to protect the interests of the physician." This is certainly the most sensible suggestion that has yet been offered. It, however, fails to provide for the contingency of the patient demanding the prescription as his property.

SPIDER WEB AS AN ANTIPERIODIC.—Dr. Oliva (New York Medical Record, July 1881) claims that fifteen to thirty grain doses of cobweb have been given in intermittent fever with favorable results, after but two doses have been administered. The remedy is an old one (Watson's Practice of Medicine) and has been used also in insomnia. Its effects are not improbably due to the influence of the imagination, a very potent agent in promoting recovery from insomnia and intermittents. Unpleasant consequences have at times arisen from the accidental administration of spider ova through the use of the remedy.

WITCH HAZEL IN VARICOSITIES.—A recent article in the British Medical Journal calls attention to the good results obtained by the use of witch hazel in hæmorrhoids and varicose veins, both as an internal application and externally. The remedy has long been used by the homœopaths and eclectics for similar indications, which, however, does not add great weight to the opinion already cited, still the remedy is worthy of trial, although its rationale is imperfectly understood.

JOURNALISTIC SENILE DEMENTIA. —

Among the symptoms manifested by certain cases of senile dementia is the tendency to appropriate property with the idea of borrowing the same, but forgetting to give due credit to the lender. It seems that this psychosis is spreading among the medical editors, and it is sad to see what mental and moral wrecks some of them have become in consequence. The Cincinnati Lancet and Clinic for example, has suffered from this disease to an extent that should make the editor's friends seriously alarmed as to his capacity for business. It has borrowed, and some might say stolen, two editorials from the July 20 number of the Chicago Medical Review. The latter accusation, the Review, being charitably inclined, would not make, as it leans to the opinion that the editor is irresponsible by reason of his brain having undergone senile involution. The Lancet and Clinic is likely to suffer from the senile aberration of its editor, and it is to be hoped, therefore, that the friends of that journal will see this in time. There are other journals which have shown similar tendencies, not so marked as the present instance. The Review, therefore, for the time being, reserves its opinion on the medico-legal aspect of the editor's mental condition.

CONGENITAL CLOSURE OF THE POSTERIOR NARES.—Ronaldson (Edinburgh Medical Journal, May, 1881), reports a case of a female child arrived at full term, which when born was apparently healthy except that some difficulty of breathing existed. On inspiration being attempted the lungs did not inflate and the upper lips and cheeks were sucked in. When the child was made to cry, it had no difficulty in respiration. There was no obstruction to respiration through the mouth and larynx. On the autopsy, the posterior nares were found completely occluded by a firm membrane. The case indicates, Ronaldson thinks, that the natural way of breathing would be through the nose.

A LARGE BRAIN.—Dr. Barksdale, of the Virginia Lunatic Asylum, reported at the last meeting of the Association of Insane Asylum Superintendents, the case of a negro criminal lunatic whose brain weighed seventy ounces, perhaps the largest brain on record, except that of Oliver Cromwell. The brain of an imbecile but two ounces less than this in weight, observed at the New York City Asylum for the Insane, presented, on microscopic examination, a disproportionate amount of ependyma formation and this condition probably also existed in the case of this negro.

POISONOUS ALKALOIDS IN THE LIVING ORGANISM.—The spontaneous occurrence of certain basic bodies, resembling the vegetable alkaloids in dead bodies has long been recognized by chemists. In chemico-judicial investigations for organic poisons in cadavers, these animal alkaloids are calculated to introduce many difficulties. It has never been supposed, however, that they occurred before death. It appears nevertheless from recent investigations by Spica (Gazz. Chim.) that these alkaloids may be found in the living organism. In a case of extra-uterine gestation, by a loosening of the placenta there was an accumulation of blood in the pelvic cavity. This blood subsequently underwent a purulent degeneration. After the death of the foetus but during the life of the woman some of the products of this degeneration were examined for alkaloids. No less than four different alkaloids were obtained, all of which by injection in frogs showed themselves poisonous. In its physiological effects one of these alkaloids acts very much like curara. The frog injected with this substance remained for forty minutes without power of movement and with dilated pupils, at the end of which time it died. Curara cannot well be detected except by its action on frogs, and this similar deportment of the animal alkaloid is likely to complicate future judicial investigations of curara poisoning in an exceedingly serious manner.

CHARBON VACCINATION.—Pasteur, who delivered the address in place of the late Dr. Raynaud, before the International Medical Congress, July eighth, mentioned in the following interesting manner certain results obtained by him. "I was asked to give a public demonstration of the results already obtained. This experiment I will relate in a few words. Fifty sheep were placed at my disposal, of which twenty-five were vaccinated with charbon vaccine. A fortnight afterward the fifty sheep were inoculated with the most virulent anthracoid microbe. The twenty-five vaccinated sheep resisted the infection. The twenty-five unvaccinated died of splenic fever within fifty hours. Since that time my energies were turned to meet the demands of farmers for supplies of this vaccine. In the space of twenty-five days we have vaccinated in the departments surrounding Paris more than twenty thousand sheep and a large number of cattle and horses. If I were not pressed for time I should bring to your notice two other kinds of virus, obtained by similar means. These experiments will be communicated by and by to the public. I cannot conclude without expressing the great pleasure I feel at the thought that it is as a member of the International Medical Congress assembled in England that I make known the most recent results of vaccination upon a disease more terrible, perhaps, for domestic animals than small-pox is for man. I have given to vaccination an extension which science, I hope, will accept as a homage paid to the merit and the immense services rendered by one of the greatest men of England. I refer to Jenner." There is an important field for an application of these results to be found in Russia, where charbon is prevailing in an epidemic form at the present time.

NEPHRECTOMY.—There have been thus far reported forty-two cases of nephrectomy; of which twenty-one were by the abdominal incision with fourteen deaths, and twenty-one by the lumbar, with but five.

NEW THEORY OF TRAMPS.—Dr. M. D. C. M. Summerlin (Medical Brief, June, 1881) ascribes his "tired" constitution to the fact of his mother feeling continual fatigue just before he was born. This probably accounts for the "tired" characteristics of the tramp species; their maternal ancestors while pregnant with them felt fatigued for some time before they were born.

SURGERY AMONG THE MOUND BUILDERS.—Dr. Bradford (Boston Medical and Surgical Journal, May 12, 1881), recently exhibited at the Boston Society for Medical Observation, some morbid specimens picked from over a thousand skeletons of the mound builders. They were first a femur with a perforation partially filled up and surrounded by evidences of suppurative osteitis, which may have resulted from external violence. Second: two tibiae. One was normal, while the other gave evidence of caries of the ankle. An exostosis showed an attempt at repair. The individual who had the latter bone must have been long sick, and gone about with some artificial support. Third, caries of the spine. The whole dorsal region was involved and cure by anchlyosis had taken place. The rest of the skeleton showed the person to have been a young female. Years must have elapsed before a cure was effected, during which time she must have required careful nursing. Fourth, two fractured femurs which had united in such good position that they must have been treated with considerable surgical skill. There was no bowing outward or forward, and but little rotation. The position could not have been maintained till the cure was attained without some pretty efficient means of maintaining the axis of the limb. The results would be considered good in these days in cases where extension could not be employed. From these circumstances it is very probable that the mound builders were as much superior in surgical skill to the modern Indians as they were in civilization and knowledge of the arts.

ERGOT EPILEPSY AND INSANITY.—It is rarely that an a priori notion in medicine receives such a powerful confirmation by clinical experience, as has been recently given to the suggestion of ergot as a remedy in insanity, by the observations of a German alienist. Siemens (*Archiv für Psychiatrie und Nervenkrankheiten* XI. describes several cases of mental disturbance resulting from the accidental ingestion of ergot in rye bread. The chief symptoms were: pupils greatly dilated, occasionally unequal, apathy, fits of sudden excitement with violent tendencies, genuine epileptic attacks, preceded by a short aura of teeth-chattering and yawning; the convulsive stage, accompanied by complete unconsciousness, lasts about fifteen minutes and less. After the attacks the mental state is worse than it is before them. In one case the so-called psychical equivalent of Samt, took the place of the convulsions. One of the ten patients died in a cataleptic condition, the others recovered spontaneously, for bromides administered did not exert the slightest influence on the attacks. It seems from these observations, and they are confirmed by older ones less accurately made, that ergot in over-doses is capable of producing a true epilepsy as it were, even to the extent of provoking the epileptic mental states. Many years ago Echeverria recommended the combination of Ergot and Conium with the Bromides in the treatment of obstinate cases of epilepsy. The theory of the administration of the former drug was not clearly expressed by him, but he appeared to have in view a presumed tendency to cerebral congestion.

The neurological editor of the Review has for some years (Physician and Pharmacist, August, 1879,) given ergot, both in combination and alone, for epilepsy, on an entirely different theory, one which seems to harmonize more with the facts observed by Siemens. Ergot produces cerebral anæmia, with a relative hyperæmia of the lower centers of the Isthmus. Exactly the same phenomenon occurs in the initial stage of

the epileptic attack. It is therefore proper to assume that in epilepsy there is a hyper-excitability of the same vaso-motor center which is subject to the influence of ergot. Now, frequent excitation diminishes the excitability of a center under certain circumstances. The theory of the neurological editor as to the action of ergot upon the epileptic attack is in consequence, that administered in doses varying for each patient between the wide limit of five drops to four grammes of the fluid extract, at intervals graded according to the frequency of the epileptic attack, the drug produces a lesser degree of the same condition which constitutes the epileptic attack, and that by a series of artificial slight discharges, the full discharge of the epileptic attack is anticipated. This offers an analogy to the well-known action of minute doses of the neurotic emetics on emesis, and confirms analogous experiences of the homœopaths, without adopting their fallacious theory.

PRIVATE CARE OF THE INSANE.—Dr. R. L. Parsons (*New York Medical Gazette*, August 6, 1881,) in a recent paper discussed the comparative merits of treatment at home, and in public and private asylums. Among the conclusions he arrived at were: That the insane are in many cases best managed away from home: That public institutions are totally inadequate for the proper treatment of the number in their care, both as regards capacity and the number of the attending staff: That competent physicians should be in charge of the insane: That charitable asylums, private institutions and homes supply the best conditions for the improvement of the insane: That mechanical restraint should be replaced by moral treatment and family care, and that private enterprise must be looked to for the establishment of proper institutions. Dr. Parson's conclusions come nearer the truth as regards the true welfare of the insane than the cant that is indulged in by pseudo-reformers on the one hand and certain asylum superintendents on the other.

FOREIGN BODIES IN THE BRAIN.—A case was recently narrated (St. Louis Medical and Surgical Journal, May, 1881,) at a meeting of the St. Louis Medical and Surgical Society, of an insane convict who was in the habit of inserting wires, nails and analogous substances into the brain through an aperture made in the skull with an awl. One of the wires was so long that it struck against the skull on the other side. The patient died from an over dose of morphia. The autopsy revealed the following foreign bodies in the brain: a wire four and three-fourth inches long; a piece of wire three and seven-eighths inches long; a third wire two and three-eighths inches long; a nail two and a quarter inches long; a needle one and five-eighths inches long; all of which were so to speak, encysted in the substance of the brain, and are said to have given the patient apparently no trouble. Unfortunately the regional distribution of these substances was not given with any degree of accuracy. The patient is said to have given no psychological symptoms referable to the foreign bodies, but considering the preexistent mental condition of the patient it is difficult to see how this matter can be stated in such a very positive manner.

HYDROCYANIC ACID is an extremely volatile poison, and in case of death from its use it has been considered necessary to make the chemical examination within a few hours of the administration of the poison. If a longer delay ensued the volatile acid would escape. Contrary to this opinion an experiment made by Brame (Comptes Rendu) seems to show that the acid may remain for an indefinite time in the dead body. One gramme of the acid was injected into the stomach of a rabbit, and at the end of a month the acid was found well preserved and in quantities amply sufficient for all chemical tests. It may be added that the experiment was made in the winter and when the ground was covered with snow. It is doubtful if it were made in summer that similar results would be obtained.

BENZOIC ACID IN ALBUMINURIA OF PREGNANCY.—Dr. W. Scott Hill (American Journal of the Medical Sciences, July, 1881,) claims that in the albuminuria of pregnancy benzoic acid is of value. This value, if such there be, is due only to its diuretic properties, and as these can be of but little service in the albuminuria of pregnancy, it is probable that in the four cases reported by Dr. Hill, the connection between the treatment and the result was a mere coincidence.

URINE COLORS.—Charles A. MacMann has contributed to the Royal Society (206,11) some further researches on the nature of the coloring matters in human urine. The coloring matter present in many forms of fever he has called "Febrile Urobilin" while that which is present in health he calls "Normal Urobilin." Febrile Urobilin ($C_{32}H_{40}N_4O_7$) is a brownish red amorphous body, and gives an absorption band near the solar line F, of varying breadth, according to the concentration of the solution, and having a wave length of five hundred and seven to four hundred and seventy-nine millionths of a millimetre. This urobilin is probably derived from the oxidation of bilirubin. The urobilin which is present in the gall of all animals with a gall bladder is very like the febrile urobilin. Normal Urobilin is a yellowish brown pigment which can be obtained in small quantities from normal urine. It also gives an absorption band, which is less distinct than that of the febrile variety. Alkalies redden solutions of normal urobilin while they render solutions of the febrile urobilin yellower. Febrile urobilin is derived from bilirubin and normal urobilin from hæmatin. It can be produced directly from it by the action of hydrogen peroxide. Urohæmatin is another pigment which occurs in the urine chiefly in subacute rheumatism. It is also recognized by its absorption bands, which occupy different positions for different solvents. Urolutin, the last of the coloring matters, is a brown pigment with two distinct absorption bands.

ABSCESS OF THE OPTIC THALAMUS.—Rostochinski (*Centralblatt für Nervenheilkunde*, No. 1, 1881,) reports the case of a man aged fifty-eight, who when first coming under observation presented the following symptoms: left hemiparesis, left hemianæsthes and left hemianalgesia, all of which had progressively increased within six months after the beginning of the disease. The patient displayed great inability to state the position of the paretic parts when the eyes were closed. Faradic irritation failed to determine contraction of the muscles of the paretic portion, and there were from time to time vaso-motor changes in the cutaneous surface of these. The patient died nearly five years after coming under observation, and a focus of pus two centimeters in diameter was found in the right optic thalamus at the junction of the middle and posterior third. The case is obviously impure, and in no case warrants Rostochinski's conclusion, that the optic thalamus is the seat of the muscular sense.

PARALYSIS FROM FRIGHT.—Bergier (*Zeitschrift für Klinische Medizin*, II) cites a case of a girl, who, after a severe fright, experienced an extreme desire for frequent micturition, dysuria, and trembling in the extremities. On the autopsy, myelitis was found between the first lumbar and eighth dorsal vertebræ. Bergier regards this case as due to a nervous shock, causing contraction of the vessels of the cord. The girl was, however, exposed to the influence of other causes, which would have been regarded as sufficient to account for the myelitis, even had the fright not occurred. The case illustrates the tendency which exists among certain neurologists, to seek for a fanciful and unusual etiology.

STUDY OF THE CAUSES OF PHTHISIS.—A systematic study of the causes of phthisis has been undertaken by Dr. Edward Playter, of Toronto, Canada. He has prepared a list of questions to which he desires replies, which he will send to physicians

PROFESSIONAL PERILS.—A physician of Shelbyville, Indiana, is claiming a divorce on the ground that his wife, being excessively jealous, attempts suicide when he makes professional visits at night.

BORACIC ACID IN BLADDER CATARRH.—Rosenthal (*Wiener Medicinische Blätter*) claims that the following mixture acts well in vesical catarrh: Pure boracic acid, one part, warm water, twenty parts and hot glycerine, five parts. The mixture is very stable and should be given in teaspoonful doses largely diluted, once or more often, daily.

SEVERE INJURY OF THE BRAIN WITH RECOVERY is reported by Dr. W. Wood (*American Journal of the Medical Sciences*, July, 1881.) A man sleeping by the side of the track was struck by an engine, and injured about his head, causing, as was supposed, death. Dr. Wood was summoned by the coroner to the inquest. Upon examination, a lacerated wound, extending from the external canthus of the left eye around to the occiput, and a compound comminuted fracture of the skull were found, the brain was exposed, and a furrow about three inches in length was cut in the anterior portion. On the opposite side of the head was a scalp wound three and a half inches in length. Slight pulsation and some irregular efforts at respiration were detected. Dr. Wood immediately removed the depressed fragments of bone. The head was dressed with cold applications, after being brought together by sutures and bandage. The patient was comatose at first, regained partial consciousness on the fourth day, and was rational on the fifth. The wound healed without accident, and the patient returned to his work twenty-six days after the accident. Good vision returned in the left eye, but he has not the power of looking down when the head is erect. The end of this case is however, not yet, as many of these cases, as has been pointed out by Lidell, develop serious neurotic complications.

HYPODERMIC INJECTIONS AND MULTIPLE ABSCESSSES.—Trélat (*Bulletin Général de Thérapeutique Médicale et Chirurgicale*, March 30, 1881) reports a case in which the hypodermic use of morphia, for the relief of fulgurant pains in locomotor ataxia, resulted in the production of numerous diffuse abscesses. Hypodermic injections have been before charged with producing abscesses in progressive paresis, and this experience should certainly lead to care in their use in the analogous affection, locomotor ataxia, a disease presenting trophic disturbances, similar in character to those of progressive paresis.

HIGH TEMPERATURE IN SCARLATINA.—May (*Annales de Médecine d'Anvers*) reports a case of scarlatina in which the temperature at one time reached $107\frac{1}{2}^{\circ}$. The temperature was reduced by the application of bladders filled with ice. During three days subsequent to this treatment the temperature vacillated between 100° and 107° . The disease came on after the extraction of a tooth, but its exanthematous character was for several days marked, finally declaring itself on the third day of the ice bladder treatment. Desquamation took place fifteen days after and the patient wholly recovered. The temperature is higher than that of any non mortal case as yet reported.

MEMBRANOUS DYSMENORRHOEA.—Paggi in a somewhat extended article (*Annales de Gynécologie*, March, 1881) comes to the following conclusions respecting membranous dysmenorrhœa. First, that membranous dysmenorrhœa is not a morbid entity, but a phenomenon which may accompany several conditions and which may sometimes be merely an exaggeration of the physiological phenomena attendant on menstruation. Second, that it is of great value and very important to examine histologically the expelled products in order to be able to distinguish to which of the conditions the dysmenorrhœa is due. It is important from a prognostic and diagnostic point of view.

PULSATILLA IN NEURALGIA TESTIS.—Dr. E. C. Spitzka, in a recent communication, reports very good results from the use of twenty drop doses of tincture of pulsatilla in neuralgia testis. Dr. Piffard has had similar results. The drug would therefore certainly appear to merit a trial in this exceedingly painful affection.

ODOFORM POISONING.—This drug has been used without any fear of consequences, both internally and as an external application. The cases reported by Oberlander (*Lancet*) as occurring from iodoform intoxication seem, therefore, somewhat unique. The maximum single dose given was twelve and a half grains, and the toxic symptoms were produced after about an ounce and a half had been taken in one case, and about a drachm in the other. The drug produced giddiness, somnolence, and vomiting, alternated with delirium, and at times diplopia. The toxic symptoms gradually disappeared without special treatment. The patients attacked were very probably neurotic individuals.

PSEUDO-MUSCULAR HYPERTROPHY.—A case of this rare disease, is described by Dr. J. S. Jewell, in a recent communication, which presents some striking peculiarities. The patient is thirty-five years old. Of the hundred and twenty cases collected by Eulenburg and others but eight were of adult age, and but one-half of these were over thirty years. The disease in the present case affects principally the quadriceps extensor femoris; the muscles generally affected are the gastrocnemius and soleus. The disease began at the age of thirty-one, soon after the patient had contracted syphilis, but the etiological relation of lues to the neurosis is not at all certain. The patient's sexual appetite is increased, as also are the patellar reflexes. There is no hereditary defect in the case other than the existence of "scrofula" inherited from the maternal side. The case is, as may be seen, a very exceptional instance of this rare affection.

DEATH FROM THE SAYRE JACKET.—Sonnenburg (*Deutsche Medicinische Wochenschrift*, May 28, 1881) reports a case of death during the application of the Sayre jacket. The patient, a child, had considerable kyphosis at the junction of the dorsal and cervical vertebræ. The child was noticed to be restless during the suspension. The breathing suddenly stopped. Tracheotomy was performed immediately, and the trachea found to be unobstructed, but consciousness not restored; the child died an hour and a half after the suspension. On the autopsy a very marked angular curvature of the spine, and a very large abscess extending to the mediastinum, were found. In the opinion of the Review the case is too impure to admit of the construction that Sonnenburg puts upon it, and the relationship traced between the application of the Sayre jacket and the death is too much of the post hoc ergo propter hoc variety to be of any value as a contra indication to the use of the Jacket.

FLUORIC ACID IN GOITRE.—Dr. Woakes (*London Lancet*) claims to have secured very good results by the use of fluoric acid in goitre. Of twenty cases treated by him seventeen recovered, and in three the remedy was of no effect. The acid is given in doses of from a quarter of a drachm to a drachm diluted with two hundred parts of water three times a daily. Iodine injections, ferruginous and other tonics aid the action of the fluoric acid. The use of this drug seems rather peculiar when its peculiar chemical properties are recollected.

PHTHISIS WITHOUT COUGH.—Dr. William H. Thomson (*Maryland Medical Journal*) recently called attention to the occasional total absence of cough in phthisis. The phenomenon is by no means a rare one among the insane. Very frequently an extensive amount of pulmonary change may occur in the insane without the usual objective symptoms. In a few cases the absence of laryngeal lesions explains this.

CAUTERIZATION OF THE HELIX OF THE EAR is claimed (*Schmidt's Jahrbücher*, Heft II, 1831) to be of considerable value in peripheral sciatica. The favorable results apparently arising from the cauterization are probably due to the mental effect of the operation on the patient.

PAROTITIS AFTER OVARIAN OPERATIONS—Schroeder (*Medical Press and Circular*) claims that he has observed parotitis as a sequel in five ovariectomies. Two of the cases were fatal, which he regards as an indication of the grave nature of this complication. The matter may be, and probably is, nothing more than a mere coincidence, but sympathetic troubles between the ovaries and parotids are not by any means exceptional. The fact that this circumstance has not been observed in the United States, the country par excellence of ovariectomy, is, however, somewhat against the parotitis being aught more than a merely accidental coincidence.

RUPTURE OF THE KNEE JOINT INTERNAL LATERAL LIGAMENT.—Dr. Charles A. Jersey (*New York Medical Journal*, June, 1881) has been recently studying rupture of the internal lateral ligament of the knee joint, and from the study of two cases in the living subject and five attempts at rupture of the internal lateral ligament on the cadaver, comes to the following conclusions: First, that many cases of so-called ruptures of internal lateral ligament of the knee joint are in reality cases of fracture of the internal tuberosity of the condyle. Second, that many of the more severe sprains are fractures of the tuberosity. Third, that the absence of bony crepitus is no certain sign of the non-existence of fracture at this point. Fourth, that this diagnosis rests upon the extreme lateral motion, the severity of the pain on manipulation, the localized pain always found at a certain point, and the length of time required for complete recovery. These points cannot fail to be of great value.

ASYLUM INGENUITY.—Dr. Blumer of the Utica Asylum staff, recently wrote a letter without much argument, but with a great deal of diatribe against the system of having consulting physicians to insane asylums. Two of the New York asylums have consulting staffs, and the asylum organ, to avoid the difficulty of indulging in diatribe against its friends, calls one of the consulting boards a "board of managing physicians," and praises the New York Commissioners of Charities for establishing it.

SUBSCAPULAR ABSCESS.—Dr. F. Hooker (Boston Medical and Surgical Journal, May 26, 1881,) reports two cases of subscapular abscess in children. He claims that but one case of this affection has been hitherto reported. Of his two cases, the abscess in the first burrowed into the lungs and was partially expectorated, the patient dying later on from a secondary pulmonary affection. The abscess in the second case was opened early, and the child made a rapid recovery. A case of this affection observed in the New York City Asylum for the Insane, opened also into the lungs; the patient, however, recovered.

A NEW WAY OF MAKING TINCTURES.—A "practitioner," cited in a recent article on medical practice laws (New York Medical Record, July 2, 1881,) displayed striking originality in the manufacture of tinctures. This "practitioner" professed to cure "most diseases incident to humanity," among which he enumerated gout, gravel, asthma, syphilis, stone, dropsy, ulcers, salt rheum, affections of the nerves, palpitation of the heart, St. Anthony's fire, tetters, scald heads, consumptions, and all diseases arising from impurity of the blood. One of his "tinctures" was made as follows: "Take one gallon of cider, half a pound of horse-reddish (sic) root, a quarter of a pound of white-oak bark, and two ounces of oxyd of iron. Let the mixture stand six days, stirring it twice every twelve hours, and it will be then fit for use."

COURT MEDICINE.—The following story concerning the servant, whom Queen Victoria is currently reported to believe to be the custodian of her husband's soul which occupies his body, is going the rounds of the English society and medical press "It was announced the other day that the queen had appointed Dr. Reed, of Ellop, to be physician to the royal household, in place of Dr. Marshall. It causes some surprise that her majesty should pick out a medical man from an obscure town in Aberdeenshire, but the post is a somewhat arduous one. When the queen went to Italy Dr. Marshall was granted a month's holiday, her majesty being accompanied by Sir William Jenner, but within a week an urgent telegram summoned Dr. Marshall to Baveno. The famous John Brown was suffering from some slight temporary indisposition, and, as he scouts any professional man raised south of the Grampians, he would have nothing to say to Sir William Jenner, but clamored for Dr. Marshall, who, of course, came at the queen's expense."

ELEVATION OF TEMPERATURE BY QUININE.—Dr. J. M. Harwood, at the late meeting of the Kentucky Medical Society, read a paper in which he claimed that large doses of quinine produce an elevation of temperature, which may at times be mistaken for a relapse from some febrile disease. While Dr. Harwood's researches require further confirmation, there are many a priori reasons why quinine should, sometimes cause elevation of temperature.

AMERICAN OPHTHALMOLOGICAL ASSOCIATION.—A very successful three days' session of this association was held at Newport, Rhode Island, July 25, 1881, and at its close the following officers were elected: Dr. H. D. Noyes of New York, President; Dr. W. F. Harris of Philadelphia, Vice President; Dr. R. F. Derby of Boston, Secretary and Treasurer, Drs. Roosa and Loring of New York, were elected Committee on Publication.

OIL OF ERGOT IN SEBORRHOEA.—Shoemaker (Medical Bulletin, July, 1881) claims that oil of ergot acts well in seborrhoea, citing several corroborative cases from other observers. The remedy is applied locally. The cases cited are, however, somewhat impure and need more careful analyses than have yet been made.

VALUABLE PSYCHOLOGICAL EVIDENCE.—A charlatan (cited in the New York Herald) testified in a Cincinnati court in a will case, among other things, as follows: "I will tell you his thoughts was inwardly and his afflictions was capsized by it and I have never been able or powerful enough to go down in the admiration of wisdom to an imagination of a subligated affair to tell you what I call it." This must have been exceedingly valuable evidence for a lawyer to base a hypothetical case upon as to the mental condition of the testator.

ISCHIATIC SUPPORT IN JOINT DISEASE OF THE LOWER EXTREMITY.—Dr. A. B. Judson (New York Medical Record, July 2, 1881) discusses the question of axillary or ischiatic support in diseases of the lower extremities, and says concerning this, that leaving out of view other and more important uses of the hip-splint, it may be considered as a pair of crutches applied to the ischiatic or perineal, instead of the axillary regions. The hip-splint is better than the recumbent position, not because it fortifies the general health of the patient by permitting exercise, for the general condition is improved in many cases by persistence in the recumbent position, but because this position can not be enforced in an ordinary case. The incipient and convalescent stages are, in many cases, of great duration, and of great freedom from pain. In these stages the recumbent position cannot be enforced, while the hip-splint can be worn, with little inconvenience, for months, and securing protection from pressure and concussion, and permitting wide liberty in locomotion. It is better than the use of crutches, with

or without the elevated shoe. Locomotion with crutches requires the use of both hands, while with the hip-splint the hands and arms of the patient are as much unoccupied as though he were free from incumbrance. The hip-splint is ever present, while crutches may be mislaid or discarded, especially if the patient is free from pain, and averse to their use. A strong argument in favor of the hip-splint is the anatomy and physiology of the parts involved. The axilla, from the softness of its structures, from the presence of the brachial plexus and from the absence of osseous connection between the upper extremity and the trunk, is badly adapted to support the weight of the body in locomotion. The ischiatic region, which receives the perineal straps of the hip-splint, is accustomed to bear the weight of the body in sitting, and is peculiarly suited for this purpose from the basilar character of the bones of the pelvis. These circumstances would, apart from the less clumsy appearance of the apparatus, certainly seem to render the hip-splint much more useful than crutches.

GANGLION OF THE WRIST, according to Syme's view, is caused by the contraction of the annular ligament, and may be cured by free incision without the slightest bad results. This operation, devised thirty-six years ago, has been recently revived by Dr. J. E. Copeland, (American Journal of the Medical Sciences, July, 1881) who reports a case of seventeen years' duration treated by it with excellent results. The patient obtained good use of his hand, and was able to work in the harvest-field three and a half months subsequent to the operation. In these days of antiseptic surgery there are no very great reasons why this operation should not be performed.

A FLESH PESSARY. Nussbaum proposes to make a pessary by bringing the anterior wall of the vagina into a fold, and securing the fold with mattress needles. This procedure seems a very feasible one.

ERUPTION FROM MORPHIA.—Dr. A. S. Hudson (Philadelphia Medical and Surgical Reporter, May 28,) in a discussion of the poisonous quantity of morphia, reports a case where two rows of rose colored spots symmetrically arranged on either side of the spinal column, together with three spots over the region of the kidney, made their appearance after the apparent ingestion of two drachms of morphine with suicidal intent. The eruption was temporary in character, lasting but a few days. The patient subsequently committed suicide with the same quantity of morphia, and at the autopsy the spots were found to have returned. Whether the eruption was a mere coincidence or the result of the morphia cannot of course be positively stated, but its second appearance certainly adds great probability to the latter opinion.

TETANUS AND THE MUSCLE ACIDS.—Perhaps some further clue to a rational pathology of tetanus may be gained from the striking results of Warren's researches (Pflueger's Archiv. 24, 391) on the influence of tetanus on the acids present in the muscles. The amount of acid (chiefly lactic acid) free and combined, was in all cases found to be greatly diminished in tetanized muscles. The same condition was found to exist in paralysed muscles. If tetanus apparently has this effect, why should not large doses of lactic acid be given to restore the normal condition, chemically at least, of the muscles? Simply because this condition is obviously a secondary one, and as such of no value in therapeutics as an indication for treatment.

PHYTOLACCA DECANDRA IN PAROTITIS.—Dr. J. A. Henning (Indiana Medical Reporter) claims that *Phytolacca decandra* in drop doses of the fluid extract every two hours has acted well in parotitis. Similar properties have been claimed for this drug before, and it has also been found useful in inflammation of the mammary gland. Further trial of it would be of advantage.

THE PRESIDENT'S WOUND.—Dr. F. H. Hamilton recently expressed the following opinion regarding the president's wound: "The ball entered through and broke the eleventh rib, about four inches in front of the vertebral column. It was then turned downward, toward the hips, inside of the loins but back of the liver, kidneys, and intestines, and probably now lies just within the basin of the pelvis, about five inches above the groin."

BROOM CORN SEED IN CYSTITIS.—Garnett (American Journal of the Medical Sciences, July, 1881,) claims very good results from the use of a strong decoction (two fluid ounces to the pint of water) of broom seed. He reports four cases which markedly improved under this decoction, a pint of which was drunk daily. The author does not say whether the seed used was fresh or not. In any event, the beneficial effects were most probably due to the mucilage contained in the plant and not to any virtue of broom corn itself.

POTASSIUM IODIDE AS A CAUSE OF NEPHRITIS.—Dr. I. Edmonson Atkinson (American Journal of the Medical Sciences, July, 1881,) discusses the question of the alleged injurious influence of iodide of potassium on the kidneys. He has examined the relation between the administration of iodide of potassium and the appearance of casts indicative of renal irritation in seventy cases of late syphilis, and from the results so obtained, comes to the conclusion that while the evil effects of iodide of potassium are small and for the most part transitory, the occurrence of greater changes is by no means improbable. Individual idiosyncrasy plays an important part here as elsewhere in therapeutics. While the experiments of Dr. Atkinson are by no means pure, and this last mentioned fact seriously impairs their value, still there is little doubt that the theory of the injurious influence of potassium iodide is a probable one and this should certainly lead to caution in its use.

NERVE STRETCHING.—Schuessler (*Centralblatt für Nervenheilkunde*, May 15, 1881,) calls attention to the degree to which a nerve should be stretched. He claims there is no absolute limit. The peripheral end should be stretched until muscular motion results and the same degree of force should be applied to the central end. If the nerve be under-stretched, there is, most likely, no result, while if the nerve be over-stretched, paralysis occurs. There is enough in these conclusions to show that the operation is not so destitute of danger as is the general opinion.

ACONITE IN REMITTENT FEVER.—Dr. Gerald Banford (*Practitioner*, March, 1881,) claims good results from the use of aconite in remittent fevers. He finds: First, that it reduces the temperature: Second, that it reduces the rapidity of the pulse, and makes it full and strong: Third, that it cleans the tongue, and restores the digestive functions: Fourth, that it induces sleep: Fifth, that it increases the quantity of urine, and seems to have a direct effect in removing the symptomatic irritation of the kidneys: Sixth, that it promotes perspiration. He claims that Warburg's tincture is useless in many cases of remittent fever.

PSYCHIC PHENOMENA FROM CARDIAC AFFECTIONS.—Dr. Astros (*Journal de Médecine et de Chirurgie*, May, 1881) claims that mitral and aortic affections produce different classes of mental phenomena. The patients, with aortic cardiac affections display very frequently an extreme impressionability, a variable, capricious and fantastic character, an exaggerated susceptibility, in short, a remarkable mobility of mind and emotion. The patient with mitral affections, are more self-contained, keep their feeling to themselves. They are more or less depressed, and manifest a species of ennui in regard to life. They are passive, perhaps morose and taciturn, and are plunged at times in a species of sombre melancholia. Aortic affection some-

times produce a condition greatly resembling senile dementia. Armeingaud has observed hysterical conditions due to aortic affections. Cases of melancholia and acute mania not unfrequently result from mitral affections. D'Astros describes a form of insanity closely analogous to Katatonia (of Kahlbaum and Kiernan) as occurring from the etiological influence of cardiac affection on patients of strongly marked psychopathic diathesis. D'Astros also calls attention to the fact that psychical phenomena not infrequently present themselves at the time of attacks of asystole. These generally consist of hallucinations, as a rule in the night or a more or less violent maniacal delirium. Treatment of a particular kind sometimes exercises an influence on the production of delirium in patients with cardiac disease. Daraziez describes a delirium of digitaestic origin. Vulpian cites one case where hallucinations of a depressing type presented themselves after the exhibition of large doses of digitalis suddenly. The delirium as a rule is of slow development. Morphine and opium not unfrequently cause marked hallucinations in cases of aortic cardiac disease. The Review would express the opinion that the field covered by Dr. D'Astros' researches is one that is much neglected, but it certainly will repay careful study, more especially as to the valuable therapeutical contraindications furnished by it.

CALAMINE LOTION.—The following lotion has been found by Tilbury Fox (quoted in *Philadelphia Medical Times*, July 2, 1881) to be a very cooling lotion, especially in the flushing of the face so frequent in emotional females. The white and not the red calamine is the one to be used. Lævigated calamine, forty grains; oxide of zinc, thirty grains; glycerine, twenty minims; rose water, enough to make one ounce. This should be applied with a small, soft sponge and allowed to dry on, the excess of powder being dusted off with an old linen pocket handkerchief.

DIPHTHERITIC OPHTHALMIA NEO NATORUM.—Dr. Chas. S. Bull (New York Medical Journal, July, 1881,) says the diphtheritic form of ophthalmia neo natorum is very rare in the United States and Great Britain. Out of more than twenty thousand cases of eye disease he has seen but ten cases. The prognosis is almost always bad in this variety, owing to the very rapid strangulation of the tissues. He agrees with Von Graefe that, while in many cases, diphtheritic conjunctivitis is a symptom of a general disease, yet there are cases in which it is a local disorder, caused by infection with the secretion from an ordinary purulent ophthalmia.

ANÆSTHESIA IN THE FOURTEENTH CENTURY.—That something like anæsthesia was known to the medical profession of the fourteenth century is shown by the following from Bocaccio (Decameron, Fourth Day, Novel Ten) which has perhaps been cited before, but will bear repetition. "The physician had a patient who had a bad leg which was due to a decayed bone. Now the doctor supposing that the patient would never be able to bear the pain, ordered a certain water to be distilled that would throw a person to sleep as long as he judged it to be necessary." If this embryo of successful anæsthesia had not been lost sight of for the succeeding five centuries what an immense amount of suffering might have been saved humanity.

HALOGEN ANÆSTHETICS.—Dr. Edward T. Reichart (American Journal of the Medical Sciences, July, 1881,) after a number of experiments with ethyle bromide, chloroform, ether, and other anæsthetics, comes to the conclusion that the anæsthetics containing iodine, bromine or chlorine are most dangerous, and that their degree of dangerousness, everything else being equal, depends on the relative amount and relative physiological power of either of the halogens entering into their composition, and the degree of stability of the compound.

LOW TEMPERATURE.—The case of low temperature recently reported by Dr. Mendelson (New York Medical Record) is more than equalled by two cases reported by Dr. Lowenhardt of Sachsenberg (Allgemeine Zeitschrift fuer Psychiatrie, 1868). These insane patients were not suffering from cold and inanition, as was Mendelson's case, despite which the rectal temperature was 87.8°, 89.6°, and 90.5°, Fahr., at different times. The psychosis of these patients was not clearly defined, however, the general character was that of acute delirious mania (typhomania of Bell). It is clear that researches on the temperature of the insane will be of very considerable physiological value.

MEDICAL CHARGES IN 1816.—The following extracts from the fee bill of the New York county Medical Society, published in 1816, show that remuneration for medical services has not risen greatly since that period: Verbal advice, five dollars and upward. Letter of advice, ten to fifteen dollars. Ordinary visit, two dollars. Night visit, seven dollars. Common cases of midwifery, twenty-five to thirty dollars. Lithotomy, one hundred and fifty dollars. The physician of those days was certainly to be blamed if he did not become wealthy, considering the greater purchasing power of money then as regards everything but surgical instruments and medical books.

ATROPINE IN SCIATICA.—Smythe (Allgemeine Medic. Central Zeitung, February 16, 1881) claims that atropia in doses sufficient to produce slightly toxic effects, is almost a specific in sciatica. The dose used has been one-twelfth to one twenty-fourth of a grain hypodermically. That atropine should be of value in certain cases of sciatica is not very surprising when the numerous vaso-motor conditions that give rise to this neurosis are considered. But that any neurotic can be called a specific is rather too much for any one's credulity, even in these days of therapeutic positivism.

AN epidemic of charbon is raging in Russia.

A Medical Club recently started in Philadelphia has a membership of one hundred.

DURING 1880 two hundred and sixty-six tons of gum opium were imported into the United States.

MR. JNO. B. ALLEY gave ten thousand dollars toward the hospital fund of Lynn, Massachusetts.

MOTOPATHY is advertised as a new means of treating catarrhal affections, in the Chicago daily papers.

A STATUE of Harvey is to be unveiled in England, during the session of the International Medical Congress.

DR. MAURICE RAYNAUD, who was to deliver an address before the International Medical Congress, is dead.

THE FIFTH annual meeting of the American Dermatological Association will be held in Newport, R. I., on August 30 and 31, and September 1.

DR. HENRY W. WILLARD has been elected professor of ophthalmology in Harvard Medical School, and Dr. Jas. C. White professor of dermatology.

CALOMEL AND SODA.—Hoglan (Medical Record, July 9, 1881,) claims that when calomel and sodium bicarbonate are mixed and triturated, evidence of the presence of corrosive sublimate is obtained in twenty-four hours thereafter. He also finds that calomel is slowly converted, at the temperature of the human body, into corrosive sublimate. Chloride of sodium and hydrochloric acid favor this transformation. These conclusions are at variance with those of Verne, but corroborate those of Slop. The view of Clevenger (Chicago Medical Review, February 20, 1880,) that both calomel and corrosive sublimate are converted in the system into metallic mercury is much more rational, and the weight of evidence seems to be in its favor. The conversion of calomel into corrosive sublimate seems exceedingly doubtful.

DR. W. W. GANNETT has been appointed pathologist to the Boston Lunatic Hospital.

DR. N. H. PAAREN, V. S., of Chicago has been appointed State Veterinarian of Illinois.

THE EDITORS of the Atlanta Medical and Surgical Journal will, in future, be Dr. James B. Baird and Dr. John Thad. Johnson.

SALICYLATE OF CINCHONIDIA.—Dr. Prosser James (British Medical Journal, March 19, 1881) claims good results from this salt as an anti-periodic; two and a half to ten grains being given at a dose. The drug is somewhat insoluble.

GASTRORRHAPHY.—An American instance of this operation has been recently reported by Dr. L. C. Lane, (Pacific Medical and Surgical Journal, July, 1881,) in which the gastric and splenic arteries were ligated as a preliminary. The patient, however, died two days after the operation.

URTICARIA FROM POTASSIUM IODIDE.—A case of acute urticaria (British Medical Journal, May 21, 1881) has been recently charged to the use of a single three grain dose of iodide of potassium. The case presented none of the usual symptoms of iodism and it is therefore probably nothing more than a mere coincidence.

SYPHILIS AS A CAUSE OF LOCOMOTOR ATAXIA.—Dr. Johnson (British Medical Journal, July 2, 1881) reports a single case of locomotor ataxia, in a luetic subject, improved by nerve stretching, which he claims confirms the statement of Gowers that seventy-five per cent. of the cases of locomotor ataxia were due to syphilis, and the still more positive statement of Dowse that every case of locomotor ataxia, with few exceptions, was due to syphilis. The leading German authorities hold the opposite opinion as to the influence of lues on locomotor ataxia, and how this single case can be cited to uphold the very positive English views would puzzle any neurologist and it is not evidence of very good logic.

LOCAL.

COOK COUNTY HOSPITAL

appears to be still in its apparently normal condition of plethora. During the week ending August 6, one hundred and four patients were admitted, and on August 6, twenty-seven. The capacity of the hospital and endurance of its internes is now taxed to the utmost. The internes appear to consider that it would be a good idea if the hospital were conducted dietetically, at least, on the European plan. At Grey's Hospital, London, the internes are allowed a pint of sherry wine and two pints of beer daily, for their stomachs' sake. In a city whose mayor, council and population are such stern prohibitionists, however, such a suggestion would be received with holy horror, no doubt. At present, the cases of typhoid fever under treatment at the hospital number more than thirty. When it is considered that the majority of the patients received are from the poorly housed and poorly nourished classes, much credit should be given to the resident physicians, for the low rate of mortality among the typhoid fever patients. So far only one has been lost. Among the cases recently received at the hospital was a case of hydrophobia, which terminated fatally, and a case of hernia, of fifteen years duration, in a female sixty-five years of age, in which all the small intestines lay outside the abdominal cavity. Among the surgical operations recently performed at the hospital have been operations for strangulated hernia and external urethrotomy.

CHICAGO BIOLOGICAL SOCIETY.

The inaugural meeting of this society after the summer vacation will be held September 7. Dr. Chr. Fenger will read a paper on "Opening and drainage of Cavities in the Lungs," and Dr. Lester Curtis will present a verbal report of his examination of the blood of Griscom who lately fasted in Chicago, of which he has made numerous and extended examinations.

CONTRIBUTIONS.

A NEW EMMENAGOGUE.

BY L. T. POTTER, M. D., CHICAGO,
Late Resident Physician Mercy Hospital.

Always vigilant for any new remedy which may benefit a "suffering humanity," I take advantage of a leisure season to report a new emmenagogue which was recently rather forcibly brought to my notice by a lady patient. In order that my new remedy may be the more intelligently studied in the future, I will give a brief outline concerning "the how" it attracted my attention. If in what follows I shall awaken in the mind of some physiologist the desire to more fully investigate the emmenagogue properties of my drug, "the time spent in preparing this brief paper will not have been wasted." But to the point.

One very warm afternoon a few weeks since, I was hurriedly called to see a lady who my informant said was thought to be dying. With the utmost haste I repaired to her bedside, and the following conditions of affairs presented themselves.

A lady, about thirty-five years old, decidedly "embonpoint," was found writhing in the agonies of pain, tossing restlessly from one side of the bed to the other. She had been suffering for about two hours prior to my arrival. A hasty examination revealed all the symptoms of collapse present, cold, clammy skin, bluish color to the lips and finger-nails, thready pulse, hurried respiration, in fact she was rapidly approaching a moribund condition. After ordering hot applications to the abdomen and hot bottles to the feet, I made a digital examination to see if there was any evidence of a miscarriage, a lady friend having informed me the patient had not menstruated for six weeks, but no indications of such an accident were discovered. It might be proper here to add that the pain was confined to the sub-umbilical region, and my patient had been vomiting before my arrival, which circumstances would justify one in making a digital examination.

But to return. I produced my hypodermic syringe and gave her one-quarter of a grain morphia sulphate sub-cutaneously; waiting ten minutes and finding no cessation of the pain, I administered another quarter of a grain morphia sulphate sub-cutaneously. In the meantime, having sent for some spirits chloroformi which had just arrived, I now gave my patient one-

quarter grain morphia sulphas, and eight drops spirits chloroformi per orem. Still no relief. Again, twelve minutes after the second injection, I gave her a fourth quarter morphia sulphas sub-cutaneously. Resorted now to using my spirits chloroformi by inhalation, but the patient tossing about so violently I could gain but little impression by this means, so soon desisted. At the expiration of about twelve minutes from the fourth hypodermic injection, and having obtained, apparently, no relief, I ventured to use still another one-quarter of a grain morphia sulphate sub-cutaneously, making in all a grain and a quarter of morphia sulphate, injected under the skin in the space of forty-five minutes by the watch.

My patient now commenced to get a little ease. Gradually reaction began to set in, pulse improved, the skin became a little warmer; breathing more natural.

Remaining with her about a half-hour after reaction became fully established, I departed, leaving a prescription for tr. opii to be used if necessary, should pain again become violent; I, however, returned twice before going to bed, in order to make sure that no toxic effects had developed. The next morning she was much better, and then told me the following concerning the cause of her severe attack.

Six weeks having elapsed since last she menstruated, and fearful lest she might be "enciente," and in due season be called upon to suffer the throes and pains of another childbirth, already having had three children, she bethought herself of some means by which she could be "brought around" regular again. As is usual in many of such cases (some female neighbor was made her confidante, and out of the largeness of her (the neighbor's) heart, and perchance not a little through self-pride, the female friend (?) recommended a drug to be used, of whose emmenagogue properties the profession have been entirely (and shall I say to their shame?) ignorant, to wit: pure and undiluted vinegar!!

With eagerness she seized the suggestion; procuring a large syringe with a long nozzle and filling it full of vinegar, she proceeded upon a tour of discovery for the os uteri; says she is positive she found it for "it took sometime for me to get the nozzle into the opening," and having accomplished this beautiful feat, injected the contents right up into the uterus, and doubtless into the Fallopian tubes!

The result of the exploit have been re-

hearsed above. It seems to me marvellous that as a sequel an acute metritis or perhaps more likely an acute peritonitis did not show itself, but no such trouble occurred; possibly, however, the fact of keeping hot poultices over the abdomen for several days, and the internal use of opium pills, served to avert the impending inflammation and counteract any evil result. It was my first experience with acetic acid, as an emmenagogue, and I trust my last. It is, perhaps, unnecessary to add that my patient "came around" in due season, and has been regular ever since.

125 22d Street.

POLYPODIUM INCANUM.

Its Emmenagogue Properties.

BY C. H. MASTIN, M D., MOBILE, ALA.

In the issue of the Chicago Medical Review, July 5, 1881, page 292, I see that "a new emmenagogue" is referred to, and it is stated that the Philadelphia Medical Times of June 18, 1881, quotes a letter from Dr. C. H. Mastin, of Mobile, which describes the emmenagogue and abortifacient virtues of the Polypodium incanum, a plant largely used by the negroes in the interior of Alabama.

As the wording of that article tends to convey the idea that I have called the attention of the profession to the discovery of a new emmenagogue, I desire to use the pages of the Review for the purpose of correcting any such impression; and to give the plain, simple facts in the case. I have not seen the article in the Philadelphia Medical Times, and the first intimation which I have had that such an article was in existence, is the notice which is made of it in the July 5 issue of the Review. So far from being the discoverer of a new emmenagogue, or of attributing such qualities to the plant in question, I have never used the Polypodium incanum, nor do I know anything, of my own knowledge, of any real emmenagogue properties which it may possess.

I have never published anything relating to such properties, in the Philadelphia Medical Times, or in any other medical journal. I am equally sure that it was not the wish or intent of my friend, Dr. H. C. Wood, the editor of the Times, to convey any such impression.

In May last, my attention was called to the fact that a certain parasitic plant, growing upon the oak, and other forest trees, was in common use among the negroes of

Central Alabama, for the purpose of inducing the menstrual flow, and also for the purpose of producing abortion. In fact, that among a large number of negroes residing in a certain locality, who were in the constant habit of using an infusion made from this plant, it was well known that the birth of a child was of exceeding rarity. These facts came to my knowledge from reliable and trust-worthy sources, and hence I was induced to investigate the subject. The infusion of the ordinary cotton root was long used as an oxytotic by the slaves of Mississippi, before it was brought to the notice of Dr. Bouchelle, of that state, who first called the attention of the profession to its real effects.

I very naturally supposed that it was equally probable, the same properties might exist in the Polypodium, and that they had possibly been discovered by the negroes of Alabama, hence I desired to investigate the matter, and see if there was any real merit in the plant. To this end, I secured a quantity of the article and sent it to my personal friend, Dr. H. C. Wood, of Philadelphia, at the same time writing him a private letter in which I communicated to him the facts as they had been given to me, requesting him to furnish me the botanical name and properties of the plant, stating that it was my intention to test the reputed qualities of the same.

A large number of our remedies, if not the entire list of medicinal preparations, have been brought into use by the accidental discovery of their properties, and it is only to experiment and observation that we are to look for new discoveries, and the introduction of new remedies. In this instance it is not improbable that the Polypodium incanum may possess the qualities represented to me, since the Mistletoe, another parasitic plant, found upon the same kind of trees, has been recently introduced to the profession, and its claims advocated as a very decided emmenagogue.

Although I have no especial ambition to be the discoverer of a new emmenagogue, and most certainly none for introducing a remedy having decided abortifacient properties, still I shall investigate the subject, and if the results of my examinations are not negative, I will present them to the profession through the proper channels, hoping at the same time that others may give their attention to the subject and favor us with the result of their examination.

A HISTORICAL CASE OF SEXUAL PERVERSION.

BY E. C. SPITZKA, M. D., NEW YORK.

Insanity in its various forms, has played an important part in the history of mankind. For over a hundred years, its whims and caprices, manifested in the hereditary insanity of the Cæsars, affected the inner history of a great empire profoundly, and mediæval history contains many instances of an analogous character. The day may happily never occur in this country, when the governing power shall be sufficiently concentrated in one person to render insanity in a executive officer, as serious a matter as it has been in monarchies, but it is not without interest to study the historical cases of insanity, which, temporarily, at least, exercised an influence on our destinies as a nation, or on the history of the different States comprising the Union.

Lord Cornbury, Governor of New York, during the reign of Queen Anne, is sketched in our colonial history as a degraded, hypocritical and utterly immoral being, devoid of anything remotely resembling a conscience, and so thoroughly mean and contemptible that it required but a short period of his rule to array all classes of the population against him. His bad qualities were not, however, of such a character as to benefit him in his temporal affairs. He was devoid of caution, a spendthrift, and altogether erratic in his behavior. Obtaining his position through nepotism, the queen was compelled to remove him, although he was her own cousin, and the son of Lord Clarendon. On losing his position, his creditors in New York locked him up in a debtor's prison, where he languished until his father died. Then money was sent over to liberate him, and to enable him to represent the English people in the House of Lords!

Unfortunately, only the most notable feature of his insanity has been preserved in the records. But that single feature demonstrates the character of his mental disease. His greatest pleasure was to dress himself as a woman, and New York frequently saw its Governor, the commander of the colonial troops, and a scion of the royal stock, promenading the walls of the little fort, in female attire, with all the coquetry of a woman, and all the gestures of a courtesan. His picture, which is extant, shows him to have had a narrow forehead, an unsymmetrical face, highly arched eyebrows, a very sensual mouth, and a very feminine expression. The painting, of

which I have seen a copy, represents him in female dress, with his neck and part of his chest bare, and his hair done up in female fashion.

Sexual perversion, a symptom of the hereditary and degenerative mental states, is divided into four groups. In the first, sexual feeling is altogether absent; in the second, it is greatly exalted; in the third, it appears at a time in the life of the individual when we do not expect it to appear normally; in the fourth, it is simply perverted, that is, not of such a character as to lead to the preservation and increase of the species. Under the fourth group are formed several sub-groups. The first is characterized by the association of murderous tendencies, and anthropophagy with the sexual act. A historical case of this perversion is the Marshall Gille de Rays, who, living at the time of Charles VII. of France, captured eight hundred children, and slaughtered them with his own hand. The second is necrophilism. The third is the so-called "contrary sexual sensation." Here a male feels himself drawn to males, the female to females, and either feels himself or herself as if a person of the opposite sex.*

It is evident that Lord Cornbury appertained to the last sub-group. In nearly all the cases of this repulsive form of alienation, anomalies in the moral and intellectual sphere are noticed, just as they constituted such prominent features in the character of the colonial governor.

130 East 50th Street.

THE WOOD-LEA CONTROVERSY.—What the merits of the controversy now raging on paper between the rival publishing houses of Wood and Lea are, seems difficult to ascertain. It is fair to assume both parties are actuated by purely commercial motives in the present instance, and mutual recrimination was only to be expected.

THE HARVARD MEDICAL MUSEUM catalogue contains the following entry: "No. 738, Cast of genitals of a man who entered the hospital under the care of Dr. Coolidge with an abdominal tumor. He had very little beard and the left half of the scrotum was wanting." Dr. Coolidge was certainly not in an enviable condition.

* Krafft-Ebing. Archiv fuer Psychiatrie, VII. p. 306.

CORRESPONDENCE.

THE BAXTER-BLISS CONTROVERSY—THE MEDICAL ATTENDANTS OF THE PRESIDENT—ETHICS AND CONSISTENCY—THE QUESTION OF GUI-TEAU'S PUNISHABILITY—CROTON WATER—THE NEW YORK MEDICAL MISSION.

NEW YORK, August 12, 1881.

When the Review spoke of the President's wound and its treatment, in the issue of July 20, it evidently had not yet received that detailed information which would have induced a material change in its views; and there is no doubt but that the profession will be with it in this change when they learn that the facts here mentioned are established.

It appears that a disgraceful squabble occurred among the professional attendants at the bed-side of the wounded man. Dr. Baxter, the President's physician, was rudely repulsed by Dr. Bliss on proposing to see after his patient. In accordance with that one principle of the code of ethics, about which there is no dispute, the regular attendant should have been at least consulted when he arrived, or shown a recognition among the regiment of M. D.'s allowed around the bed-side, especially as he is a well-known and competent surgeon. What induced the President's family to side with the man of Cundurango notoriety, is not definitely ascertained, but one thing is very suggestive in this regard, namely, that the Cundurango man had, from the beginning placed himself on a friendly footing with a crony of the White House, a homœopathic female physician. It is certainly a very dignified professional picture, this one at the bed-side of the Chief Magistrate of the Land! Cundurango speculators, army fossils and feminine homœopaths, united by common interests, sending out noncommittal bulletins, and unable to make the slightest incision to liberate imprisoned pus, without sending a special train for a New York and a Philadelphia Surgeon! Considerable commentary has been provoked in New York medical circles by the remarkable fact that eminent surgeons at Washington, who would be on the spot in an emergency are rigorously excluded from seeing the President, while the surgeons at the bed-side are so devoid of initiative that they depend on telegraphic communications with New York and Phil-

adelphia for their guidance, and lose eighteen hours to have a New York surgeon do what a Washington surgeon could have done in five minutes. The antagonism existing between the Surgeon-General of the Army, and the corresponding officer of the Navy, is considered responsible for the exclusion of Dr. Wales, one of our most brilliant surgeons, from the case, although the latter was the only physician who made any attempt to examine the wound before the consulting staff arrived.

It may be of interest to those studying the psychological status of George Francis Train, to know that he calls the attending physicians of the president, the Cundurango Syndicate, showing that long continued monomania does not dull perception.

Considerable disgust has been created in our medical circles by the disgraceful extent to which interviewing has been carried among medical men. Aside from a few of our eminent men who were spontaneously called on by reporters and gave generally sound and guarded opinions in reference to the nature and prognosis of the President's injury, a host of second and third rate luminaries have aired themselves before the public in the correspondence and other columns of the press. Generally an interview or a letter to a daily paper is considered a good advertisement, but in this case the matter was overdone. Not only were all sorts of regulars, surgical and nonsurgical, dispensary physicians and recent graduates interviewed, but eclectics, homœopaths, et hic omni genus, also ventilated their peculiar ideas on what should have been done, in all sorts of daily publications. In addition there was the usual allowance of Beardism in the secular press. It was seasickness twelve months ago, insane asylum reform eight months since, trance until a fortnight ago, and now it is mind reading, or, rather, clairvoyance in its most hocus pocus form, that is being indulged in.

About a year ago, the Committee on Ethics of our County Society, consisting of the personal friends and members of a circle inimical to a prominent neurologist, and friendly to certain asylum superintendents, brought charges against the physicians interested in asylum reform, because these had inflamed the public mind, through the daily press. The censors "sat down" on the committee's report and nothing came of it. The true inwardness of the affair was finely demonstrated about two weeks ago. Dr. Samuel Sexton, the chair-

man of the ethical committee that protested against interviewing, had a two column interview, of himself in relation to the Japanese audiphone, published in the daily papers, and in which the public are informed (and it was information of an entirely novel kind), that Dr. Sexton was a leading authority on aural disease. While much of the protest made against interviewing is doubtless, as in the previous instance not, based on conviction, but on less noble motives, it cannot be denied that it was fully justified as far as the interviewing concerning the President's condition was involved. The most extravagant and contradictory views are published side by side, and the profession has suffered much loss of prestige thereby. An insane hankering after notoriety alone, can explain such a statement as that made by a prominent Southern gynæcologist in Paris, that the abdomen should be opened and the bullet removed, or the statement of some New York surgeons that the bullet had never gotten into the abdominal cavity.

Considerable comment has been provoked here, by your editorial on the Ranney affair. The facts in the case had been familiar to many physicians in the city, but the new light which the reviewer in the American Journal of Medical Science cast on the matter, and the much stronger, though appropriate language which your editorial contained, have brought out this contemptible and barefaced transaction in bold relief, and reflected a ray or two on the University Medical Department in which the plagiarist is a "Professor." Matters have occurred which have added to the causes inducing the profession to scrutinize that institution a little more narrowly than its guiding spirits may possibly relish. As already stated in the Review, Professor F. D. Weisse hung up a body, and fired bullets into it, with the object of thus determining what course Guiteau's ball had taken. Aside from the surgical absurdity of the experiment, its analogy to a circus performance was still further carried out by the manner of its publication. Dr. Weisse published his report in the daily papers, prefacing it with the statement that the matter had so much public interest that his medical friends had advised him to give it to the daily press. You may probably not know who Professor Weisse is. He was Professor of Skin Diseases in the University in 1873, then he became Professor of

Surgical Pathology, later on, Professor of Surgical Anatomy, and now he is an adjunct-Professor of Anatomy at the same institution. The versatility of the Faculty is not its least remarkable feature; one of its professors vacated the chair of Obstetrics for that of Surgery, and his position as obstetrical teacher was filled by a lecturer on *Materia Medica* from another school.

Probably the most remarkable feature of the interviewing business in this excited period, is that the majority of the daily papers denounced Weisse's experiments as a wanton desecration of the dead body, without any other object than that of notoriety, and that one of the President's physicians stated that the experimenter must have forgotten much of his anatomy, which by the way, is one of the few opinions emanating from Washington, which is cordially shared by the New York medical profession.

The question of the assassin's mental condition has been almost ignored in the excitement of the moment. But the experts interested in demonstrating that our asylums are officered by non-expert physicians, had much grist brought to their mill, through the interviews of the superintendents of the Bloomingdale and Ward's Island Asylums, mentioned in the last number of the Review.

Your Journal has the honor of being the first medical periodical which unhesitatingly committed itself to the correct view of the case. As citizens of the United States it may be regretted that the Great Crime should pass unpunished in the sense of the law. But those who sustain the doctrine of retribution should bear in mind, that to the lunatic Guiteau, capital punishment would be a glorious martyrdom, and confinement in an asylum productive of the deepest chagrin. How much more noble the picture of the nation whose Chief Magistrate can be struck down, not by the hand of an exasperated, outraged and mistaken patriotism, and the cool deliberation of scientific engineers and chemists, as was the Russian tyrant, but only by insanity, irresponsibility, the outgrowth of disease, and a random accident as it were.

Dr. Austin Flint has recently received the degree of LL. D., from Yale College. The subject of the water supply of New York is beginning to attract the attention of the people, and the Commissioner of Public Works claims that the use of water

meters is rendered imperatively necessary. A Medical Mission has been recently started in New York, to add to the numerous evils arising from a superabundance of dispensaries, and at its inauguration considerable cant was indulged in. The increase of dispensaries, even if disguised under the name of medical missions, will certainly not tend to benefit the profession.

BELLEVUE HOSPITAL MATTERS.

Dr. Flint has recently treated, at Bellevue Hospital, a patient suffering from diabetes mellitus, with codeine, and the usual dietetic treatment. The patient progressively improved, in appearance, and was at length discharged to go to Europe. The patient was luetic, and had been more or less dissipated. The revival of this somewhat disused drug, in diabetes may, perhaps, be due but to the tendency to therapeutic positivism now generally prevalent. At one time codeine had quite a reputation in diabetes, but it has at length fallen much into desuetude, perhaps undeservedly. Speaking of Bellevue reminds me that some serious charges have been brought against the management of that institution. The former warden was for his political services made Commissioner of Charities and Corrections. He is a New York politician of the lowest grade, and on an attempt being made to substitute medical for political superintendence of the hospital, fought this tooth and nail, and had a relative of his own appointed warden. This relative, a politician of even a lower stamp than the preceding specimen, conducts the hospital on a purely political basis, with what results may be gleaned from the following letter of a reputable physician to the New York Herald.

"As the Herald published in full the reply of O'Rourke, Warden of Bellevue, to my charges of brutality and incompetency, will it kindly allow me a portion of its valuable space for rebuttal? O'Rourke evidently does not like the style of my letter to President Hess; neither does a felon like an indictment; it is too much to the point as the rule. As to his statement that the patient did not appear very ill it has no value whatever, as he did not see Hatty until the patient was removed from the cab. How could he judge of the urgency of the case by standing where he could not see the patient? And if he had seen the patient what does he know of the necessities of the case? His plain duty was to have called

one of his internes and had the case examined. His second statement, that the patient was not placed in the wash house, but in the reception room, may be true, but the facts are that Hutty was taken to a room where there was a quantity of soiled clothes and wash tubs, and on the bench on which he was placed was a pan of partially peeled potatoes, which he pushed on to the floor so that he could lie down. This bench, Hutty states, was a common wash bench, such as is used to place wash-tubs upon. Here he was allowed to remain for over an hour, subject to insulting remarks and inquiries from passers by as to whether he was drunk, etc. At last, by accident, he was discovered by Dr. Anderton, who had him removed to ward eighteen. The Doctor told Hutty that he knew nothing of his being there, else he would have had him removed before. These are the unvarnished facts in the case, and if these facts are "nonsense," as stated by the autocrat of Bellevue, all I have to say is that it is not the sort of nonsense which is enjoyed by humane people. And further, if this place to which Hutty was taken is in reality the reception room it is further proof that the charge of incompetency is true. As to his admitting Hutty, he says, "Upon learning the facts I admitted him." The facts are that I demanded that Hutty should be admitted and he was admitted after a wrangle which O'Rourke styles "reviling the department." If the department had not been "reviled" I might have ridden my patient all over the city in search of a place of shelter. His biting sarcasm in putting a handle on both ends of my name had almost determined me to retire from a contest with so powerful an adversary, but with the help of the press and all humane citizens, I hope to be able to cause some improvement in the management of Bellevue Hospital, if not the removal of this O'Rourke from the wardenship." G. Buckingham Smith, M. D., No. 35 East Twenty-Eighth Street.

SANITARY AND MEDICO-LEGAL OCCURRENCES.

The hotels at Manhattan Beach have had their sewerage overhauled, and people seeking the sea-side for health, are now not so liable to contract typhoid fever. A prisoner, guilty of the now relatively common crime of criminal assault on children, attempted to feign insanity, and succeeded in imposing on the wardens and physicians of the city prison. An examination by Dr. Spitzka revealed the fact that the patient

was shamming, and shamming very stupidly, he reproducing all the symptoms of insanity given sotto voce by Dr. Spitzka, to a third party, under the form of a lecture. The prisoner had, once before, been confined in the State prison for a similar offence, and had on that occasion attempted to feign insanity. That the prisoner should have deceived a non-alienist physician is not surprising. He had evidently studied insanity in one form, chronic, mania but the type he reproduced was not the one capable of committing the crime with which he was charged. Professor T. Gaillard Thomas has resigned his chair in the College of Physicians and Surgeons, New York. Dr. Alonzo Chadsey, an old New York physician, has died from an over dose of chloral, taken in the dark. The Board of Censors of the New York County Medical Society are meeting with many rebuffs at the hands of the Grand Jury and the police justices in enforcing the medical practice law. One sapient specimen of the latter decided that a quack who claimed to cure by electricity and magnetism was not practicing medicine in the meaning of the statute. Dogberry, it is clear from this decision, is not confined to the pages of Shakespere, but is well represented in New York.

Coroner Ellinger, on August 8, had an Italian named Chicetti, who had been shot through the spinal cord, carried to the Tombs from St. Vincent's Hospital to testify as to the death of another Italian Sandacieri, who was killed in the same fracas, partly by Chicetti, partly by another Italian. As Chicetti is completely paraplegic and his injuries considered mortal, the useless brutality of such feigned zeal for the advancement of justice scarcely needs comment. This barbarity, if nothing more follows it, should lead either to the abolition of the office of Coroner, which has been the theme of ridicule since the time of Shakespere, or to its essential modification. J.

JOURNALISTIC DISCOURTESY—The Medical Press and Circular, in answer to a private business letter written to the editor, made public reply through its columns. This kind of journalistic courtesy is, we are happy to say, exceedingly rare among the medical press of the English speaking countries whether on this or the other side of the Atlantic Ocean.

REVIEWS.

MEDICAL FORMULARY, by Laurence Johnson, M. D. Wood's Library of Medical Authors, for May. William Wood & Co., New York, 1881. W. T. Keener, Chicago.

The present volume denotes two things: first, that there is evidently a dilletante medical author who has friends influential among publishers; second, that there is a certain large class, not a majority of the profession, who seem to think that the highest ideal physician is he who knows the most prescriptions that are good for disease. That this class should exist at all is not very flattering to the self-love of an educated medical man, but a feeling of pleasure must be elicited by the fact that this class of physicians does not constitute the majority of the profession. There is certainly a demand for this class of books, and the publishers cannot be blamed for having supplied it. The work is fully up to the standard of the rest of the library as far as its bibliographical appearance is concerned.

CLINICAL LECTURES ON THE DISEASES OF OLD AGE, by J. M. Charcot, M. D. Translated by Leigh H. Hunt, B. Sc., M. D., with additional lectures by Alfred L. Loomis, M. D. Wood's Library of Medical Authors for June. William Wood & Co., New York, 1881. W. T. Keener, Chicago.

This book deals with a somewhat fascinating topic. The changes incident to senility are more than ordinarily interesting, but they require careful treatment and some demarcation from conditions dependent on involution, caused otherwise than by senility. That this has been done in the present volume cannot be said. The original lectures of Charcot are by no means models of logic, and the lectures of Loomis have the same fault, in addition to being meagre and unsatisfactory. There is a characteristic Gallic fling at the Germans in the introduction, a piece of nativism that would be considered out of place by almost any one but a Frenchman. Despite these little peculiarities, the part of the book written by Charcot is exceedingly interesting, and the contrast with the lectures by Loomis is almost painful. There is a lecture by the latter on apoplexy in this volume, which is decidedly out of place in a work on the diseases of senility. The same remark applies to the lecture on cerebral softening, which contains numerous

errors. The whole portion written by Loomis, which should treat of the senile neuroses, does not contain a single reference to senile dementia, and nothing is said in reference to the senile form of progressive paresis. The forcible insertion of the lectures by Loomis has done much injury to the part by Charcot, and certainly does not reflect great credit on the publishers who, here as elsewhere in the library, have performed what is strictly their part very well. The translation is very well done, and its English is somewhat better than that of the introduced lectures. On the whole the original lectures by Charcot contain much that is valuable, the introduced lectures much that is erroneous.

A TREATISE ON THE CONTINUED FEVERS, by James C. Wilson, M. D., with an introduction by J. M. Da Costa, M. D. Wood's Library of Standard Medical Authors for April. William Wood & Co., New York, 1881. W. T. Keener, Chicago.

The present volume contains a discussion of cerebro-spinal fever, dengue, typhoid typhus and influenza. It is essentially a compilation, and contains nothing very original and nothing that betrays the individuality of the author. There is nothing very newly put in the book except the introduction by Dr. DaCosta. This series of the Library of Standard Medical Authors begins to assume the appearance of being run in the interest of certain New York, Philadelphia and Boston cliques, and it must be confessed that these cliques have not chosen the most intellectual of their hangers on to represent them in the literary field. There is one merit in the present work, it contains much more information about the fevers prevalent on the American Continent than is usual in works of this kind. Considered as a compendium the work is by no means bad, but as an original work it is a failure, and the influence of the scissors is altogether too perceptible. The book is, in some respects, not unworthy of perusal.

A RARE PARASITE.—Dr. Q. C. Smith (Nashville Medical Journal, July, 1881,) reports a case now under his observation, where the *Distomum crassum* was passed from the bowels of a man in apparently good health. The parasite has been hitherto but seldom observed in the human being.

THE ARMY.

OFFICIAL list of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from July 13, 1881, to July 28, 1881.

Simons, James, Lieutenant-Colonel and Surgeon, Granted leave of absence for one month. S. O. 120, Dept. of the East, July 15, 1881.

Hubbard, Van Buren, Captain and Asst. Surgeon. Granted leave of absence for four months. S. O. 169, A. G. O., July 26, 1881.

Maus, L. M., Captain and Asst. Surgeon, now awaiting orders in Washington, D. C., to report in person to commanding officer David's Island, New York Harbor, for temporary duty at that port. S. O. 158, A. G. O., July 13, 1881.

Comegys, E. T., Captain and Asst. Surgeon, now awaiting orders at Cincinnati, Ohio, to report in person to commanding officer Columbus Barracks, Ohio, for temporary duty at that post. S. O. 158, C. S., A. G. O.

Torney, Geo. H., Captain and Asst. Surgeon. The leave of absence granted him from Headquarters Dept. of the Missouri, June 21, 1881, extended one month. S. O. 76, Mil. Div. of the Missouri, July 25, 1881.

Gardiner, J. de B. W., Captain and Asst. Surgeon. The extension of leave of absence granted him March 14, 1881, from A. G. O., further extended six months. S. O. 157, A. G. O., July 12, 1881.

Gorgas, W. C., 1st Lieutenant and Asst. Surgeon. When relieved at Fort McIntosh, Tex., to report to commanding officer Fort Duncan, Tex., as Post Surgeon. S. O. 90, C. S., Dept. of Texas.

Ainsworth, F. C., Captain and Asst. Surgeon. Relieved from duty at Fort Clerk, and assigned to duty as Post Surgeon at Fort McIntosh, Texas, relieving Asst. Surgeon Gorgas. S. O. 90, Dept. of Arizona, July 14, 1882.

BOOKS AND PAMPHLETS.

J. P. Chesney, M. D., St. Joseph, Missouri. Second Annual Announcement and Catalogue of the Northwestern Medical College of Saint Joseph, Missouri. Session 1881-82.

James G. Hyndman, M. D., 80 West Eighth Street, Cincinnati, Ohio. Medical College of Ohio, Cincinnati. Sixty-First Annual Catalogue and Announcement. Session of 1881-82.

D. W. Graham, M. D., 201 Warren Avenue, Chicago. The Chicago Medical Register for 1881-1882. Published under the supervision of the Chicago Medico-Historical Society. Chicago: W. T. Keener.

James G. Kiernan, M. D., Chicago, Illinois. Katatonia; a Clinical Form of Insanity. Reprinted from the American Journal of Insanity, July, 1874.

R. A. Gunn, M. D., 45 E. 22d Street, New York City. Fourth Announcement of the United States Medical College, in the City of New York. Session 1881-1882.

John Prin, 14 Dey Street, New York City. Trichinae (Pork Worms, or Flesh Worms.) How to Detect them; and how to Avoid them. Being a popular Account of their Habits, Modes of Propagation, and Means of Dissemination. Intended for the use of Farmers, Butchers, Pork Dealers and Consumers of Pork. Rochester, New York: The Brausch and Lamb Optical Company, 1881.

J. M. Charcot, M. D. Clinical Lectures on Diseases of Old Age. Wood's Library of Standard Medical Authors for July. William Wood & Co., New York.

Caswell Hazard & Co., Registered Physicians in the County of New York. Compiled and arranged from the official list in the County Clerk's office, New York.

S. V. Clevenger, M. D., 21 and 22 Ashland Block, Chicago. Contributions to Comparative Psychology. Language. From Science, July 23, 1881.

D. J. Snyder, M. D., Scio, Ohio. Eucalyptus Globulus. Reprinted from the Ohio Medical Journal, July, 1881.

S. V. Clevenger, M. D., Chicago, Ill. Oleate of Mercury. Reprinted from The Druggist August, 1881.

W. S. Searle, A. M., M. D., New York. A New Form of Nervous Disease. Ford, Howard & Hulburt, New York, 1881; Jansen, McClurg & Co., Chicago.

H. O. Walker, M. D., 177 Griswold Street, Detroit, Michigan. Detroit Medical College. Order of Exercises for the Freshman, Junior and Senior Classes. Regular Term, 1881-1882.

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E. C. DUDLEY, EDITOR.

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Theory and Practice of Medicine and Therapeutics.

E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.

CHRISTIAN FENGER,
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THE PRESIDENT'S ATTENDANTS never had such a patient before, and probably the present generation will not furnish another such. They are therefore placed in a considerable quandary respecting what should be their deportment toward the public. In a certain sense they are accountable to the nation because the nation considers the President its patient. Necessarily, therefore, these gentlemen have been subjected to a tremendous amount of criticism, much of which is undeserved and would not have been made if the President's attendants had not voluntarily withheld the facts of his case from the profession. These gentlemen are in a measure responsible for much of the abuse which they have received and which will probably be continued, whatever be the result. Their public is not the general, but the medical public and the former will certainly render its judgment through the judgment of the latter. But they have assumed the responsibility of directing their bulletins to the general public. These reports have been meagre, unscientific, and but too often meaningless. The legitimate result is dissatisfaction both on the part of the public and the profession, and the avalanche of abusive criticism which they have drawn upon themselves. Had they published once or twice daily a full minute statement of the President's condition in scientific and exact

language, such as would be ordinarily used in medical literature, every citizen and newspaper in every part of the nation would have had the means by which a satisfactory idea of the progress of the case might have been obtained through some medical man. It is also evident that if their reported management had been reasonably able, they would have had in the voice of the better members of the profession that support which one honest doctor must give to another. If the literary and classifying abilities of the optimistic and much abused writer of these bulletins did not permit him to make accurate reports, then that duty should have been delegated to another. Such reports as ought to have been given would have kept the best medical thought of the entire world at work on the problems of the case, and this might have been of some advantage to a medical corps which amuses and scandalizes the profession by the frequent announcements that "the wound" of which no one has ever seen or felt a tenth part, of which no one seems to know the exact location, extent or condition "looks well, or is doing well."

THE PRESIDENT'S DIETARY.—Among the most discouraging features of the President's treatment is the seeming neglect of detail in the management of his case. There are a number of high flown theories out, as

to the occasion of the second relapse. But the framers of the peritonitis and pyæmia theories seem to have overlooked the much simpler explanation for the President's nausea, vomiting, anorexia and general depression, that his stomach originally not one of the strongest, and weakened by the judicious (!) combination of milk and lemon juice in the first weeks of his treatment, must have been entirely upset by the pickled Bermuda onions which were an ingredient of the last or one of the last meals he ate before the relapse. A raw onion is not the most salubrious article for a healthy stomach, but a pickled one, under such circumstances, might prove the last straw to break the camel's back. Whether the senior attendant or Mrs. Edson are responsible for the President's dietary, whether this question is altogether ignored by the consulting surgeons, or whether their directions are not complied with, remains to be seen. The pyæmia and peritonitis theories are contradicted by the subsequent history of the case. The frequent pulse and the symptoms of nervous visceral derangement may be due to the irritation from foreign bodies or to original injury of the solar plexus, a possibility which seems not to have called for the attention it merits, by those ventilating their views in medical and lay journals. It is doubly important then that the dietary be strictly regulated, and every article of food carefully considered with regard to its digestibility and nutritive power. In this very field, however, the most unfortunate elements have entered, and even the temperance fanatics have ventured to dictate a modification of the use of stimulants. The President's injury is so obscure in its nature, and the physicians in charge have been able to do so little of positive good, that it may be enjoined upon them at least to do no positive harm, by allowing infringements of rules with which every nurse ought to be familiar.

ASIATIC CHOLERA is reported to be raging in epidemic form at Bangkok, Siam.

"BLAINE TO LOWELL."—It is humiliating to an American citizen to reflect upon the relative impressions which must be made upon the European profession by the scientific excellence, from the medical standpoint, of the bulletins of Mr. Blaine over those of the president's attendants. The former have contained most of the satisfactory statements thus far made of the case.

KEITH AND LISTERISM.—Perhaps one of the most dramatic occurrences ever witnessed in any medical assemblage was the recent unexpected renunciation of Listerism by Mr. Keith. He has advocated many of its principles and much of his wonderful success in ovariectomy has been attributed to it. This acknowledgement, therefore, can but be regarded as a telling blow. It must, however, be remembered that in renouncing Listerism he does not necessarily renounce antiseptic surgery, to many of the principles of which he has long adhered and made the basis of his wonderful success. Surgical cleanliness is the great principle underlying Listerism; the ism may prove irrelevant, but the principle will be for Mr. Lister a sufficient monument.

INTERNATIONAL MEDICAL CONGRESS.—The following, according to Punch, were the proceedings of this learned body: First day: Grand banquet. Interesting experiments with various wines. Confidential exchange of experiences after the third bottle. Second day: Grand dejener. Surgical operations on cold fowls and raised pies. General investigation of "mixing." Valuable results obtained by taking a combination of champagne, sherry, port, claret, pale ale, and chartreuse vert. Third day: Garden party. Examination of the action of the muscles in the game of lawn tennis. Close study of strawberries and cream and champagne cup. Supper experiments at the Albion. Extempore lecture upon the benefits to be derived by taking whisky and water internally before going to bed. Fourth day: Select dinner party of savants

interested in food. Careful consideration of the effect upon the system of turtle soup, curried whitebait, canvas-back ducks, and an entirely new and original with-your-cheese-pick-me-up made of sardines, olives, truffles, cayenne pepper, tomatoes, capers, herring roes, fowls' livers and tarragon vinegar. Human capacity for absorbing champagne in extra large doses practically tested. After the experiments a long consultation with the police. Fifth day: Psychological picnic. Exercise of the nerve power of the lower limbs to the sounds of a military band. Interesting operation of a quadrille, a polka and a waltz. Day finished with a scientific supper. Preparations of different kinds of meats. Practical lectures upon the anatomy of the fowl, the duck and the turkey. Experiments in wine temperature. Claret seventy and champagne four degrees below zero. Perambulating difficulties and optical delusions. Exercise of the vocal chords. Subject, "We Won't Go Home Till Morning." Sixth and last day: All the foreign physicians ill in bed, sending for all the English physicians. General prescription: Large doses of soda water.

DUBITANDUM ESSE.—There have appeared in the Chicago daily newspapers fac simile autographs of several distinguished physicians of this city, appended to certificates testifying to the utility of a certain article of female underwear. There is a lurking uncertainty about the matter which is extremely tantalizing. Did these gentlemen obtain the knowledge that enabled them intelligently to make the aforesaid certificates by examining the articles *in situ*? This recalls the experience of a country newspaper editor, who having displeased the ladies of the vicinage, was made the recipient of a petticoat, accompanied with an anonymous note which explained the cause of presentation. In the editor's published reply of acknowledgement, he stated that for a time he was embarrassed, as the note was anonymous, by not know-

ing whom to thank for the gift, when it occurred to him to examine the article more critically, and doing so, he *recognized* the *petticoat*. There is no reason why female underwear may not become a fruitful theme on which to base medical certificates, though it must be confessed the subject is an exceedingly delicate one to discuss.

LOCOMOTOR ATAXIA IN A MASKED FORM.—A patient entered the Hôtel Dieu with a marked sciatic pain, which failed to yield to any treatment; its persistent character led to further examination, although the patient was apparently in good health other than the pain. Certain visual troubles led to ophthalmoscopic examination, which revealed the usual changes in the optic nerve found in locomotor ataxia. The patellar reflex was absent. A case still more destitute of marked symptoms recently came under the observation of the therapeutical editor, in which the eye disturbances were the only striking evidence of the disease. The other symptoms were so slight as to be valueless in diagnosis.

DIAGNOSIS OF THE PLACENTAL SITUATION BY ASPIRATION has been proposed by Halbertsma (Centralblatt für Gynäkologie, March 5, 1881) in case the Cæsarean operation appears indicated. The placenta is mapped out by exploratory punctures by hollow needles, and the placental insertion can thus be avoided when making the necessary incisions. The penetration of the needle elsewhere than where the placenta is attached, is marked by the escape of liquor amnii, whereas if the placenta be punctured, blood follows the puncture. The drawing off of the liquor amnii in this way may be of advantage precedent to the incision of the uterus, less blood will then be lost and the permanent contraction of the organ will be facilitated. In case of putrefaction of the liquor amnii, its escape into the peritoneal cavity can thus be prevented. The procedure, it is clear, presents many other obvious advantages and more extended trial cannot fail to have results of value.

A JUDICIAL MURDER EXPOSED.—Last year's Review referred to the execution of the murderer Redemeier in St. Louis, who had been pronounced sane by several experts, and insane by certain others. He was executed, and at least his behavior on the scaffold was almost sufficient to disarm retributive justice, for the poor creature seemed to be the only person present who had no adequate idea of what was going to happen. The brain was removed and sent to a New York anatomist for examination. His report is published in the June number of the St. Louis Clinical Record. In an earlier communication Dr. Spitzka called attention to certain anomalies, and notably one which has been found by Dr. Clevenger to indicate a low state of cerebral development, namely an almost transverse direction of the sulcus of Rolando. The persistence of the embryonic external occipital fissure on one side was a characteristic mark bearing in the same direction.

Dr. Spitzka's conclusion is in brief that "from the generally low type of cerebral structure, the atypical asymmetry of the hemispheres and the great ganglia, the persistence of an embryonic feature in the occipital lobe, the thickness of the barren cortical layer and the presence of another anomalous feature in the cortical elements, only one conclusion can be drawn, namely, that the subject from whom this brain was obtained was an imbecile, and in the light of our knowledge of the life history of persons in whom similar anomalies have been discovered, an imbecile who should be classified in that large group of hereditarily degenerated subjects in whom, with the general background of imbecility, are often found, either epileptic and epileptiform seizures, morbid impulses or delusions, moral perversion and pathological fury."

The view which had been expressed editorially in the Review, and was based on a brief account of the trial, that Redemeier was insane, is thus borne out. Leaving the subject of the anthropological bearings of the report alluded to, still stronger evidence of

Redemeier's insanity is presented by Dr. Hazard, in the same journal, who recounts the history of the homicide and the expert evidence which is responsible for the homicide's execution. It appears that Redemeier, in broad daylight, without the slightest motive or grudge, killed an old man, while laboring under the delusion that the latter was about to kill him. Arraigned before the judge he insisted on pleading guilty, saying, even after the judge, having explained as well as he could, the consequences of such a plea, had been reluctantly compelled to sentence Redemeier to death, that he would, later on, prove that he was justified by his witnesses. It appears that Redemeier, at his execution, still had an idea that he could have a sort of trial by making an appeal for one. He strenuously resisted the idea of being defended on the ground of insanity, said his lawyer was insane, as he could prove his justification and so on, evincing the same fixed idea over again and throughout. The experts on the part of the State were certainly not fortunate in their testimony. One profound witness said that no general practitioner could recognize any other form of insanity than absolute dementia. There were possibly a few of the despised general practitioners in the court-room who recognized the mental state of the witness, whatever it was! Another witness stated that Redemeier could not be insane because no change in his character had been proven, as if it were not a notorious fact that imbecility and the "originäre Verrücktheit" of the Germans are congenital, and an intrauterine change in character would not be demonstrable. He capped the climax by giving as a definition of insanity, one borrowed from Sheppard: "Insanity is a disease of the neurine batteries of the brain," and added that he, the expert, was in the habit of teaching his students this definition with the following addition of his own: "which reside in the vesicular or cineritious portions of the cerebral hemispheres." He forgot to state that Sheppard offers this def-

inition as a joke, a settler for lawyers, and has evidently taken it seriously. Throughout the trial, this expert took frequent occasion to advertise the size of his practice, by pretending to be in a great hurry while on the stand, to refer to the fact that he taught "his class" thus and so, and that he lectured and was the author of a text book.

The suggestion of Dr. Hazard, that this peculiar expert evidence was intended to satisfy a popular craving for a homicide's neck, and thus to secure an advertisement, does not seem without a reasonable basis, in the light of the testimony he has reported as given in the Redemeier case. The decisions of some of the courts were remarkable, and a sheriff's jury was carefully instructed to exclude the question of the prisoner's mental state from their consideration, as the only matter for them to determine was whether Redemeier had become insane since his last trial! This, however, was in accordance with the law.

JOURNAL OF NERVOUS AND MENTAL DISEASE.—The July number is just at hand. It contains a paper in opposition to the views of Dr. Bannister, by Dr. B. Joy Jeffries, on color blindness; Dr. Jas. G. Kiernan continues his "Contributions to Psychiatry" discussing insanity as produced by traumatism, lead and quinine, and the subject of stealing as an evidence of paresis. Dr. Gradle has an interesting paper on Spasm of the Ciliary Muscles of Central Origin. Dr. Chas. K. Mills reports an interesting case of tumor of the Pons Varolii. Dr. W. R. Birdsall reports a unique case of Poliomyelitis Anterior. Dr. Geo. M. Beard has a paper on use of the bromides. Dr. F. P. Kinnicutt reports a case of Acute Chorea. Dr. E. C. Seguin makes a second contribution to the study of localized cerebral lesions. Dr. Wm. A. Hammond discusses the subject of nerve stretching in locomotor ataxia. Dr. Græme M. Hammond discusses the hypothetical auditory tract in the light of recent anatomical discoveries. Dr. Jno. J. Mason continues his notes on

the central nervous system of reptiles. Dr. Wharton Sinkler discusses chorea in the aged. Dr. Isaac Ott examines as to the action of an irritant. There is a very full and spicy report of the proceedings of the American Neurological Association. The Journal contains besides, the usual editorial, periscope, reviews, etc. As may be seen, the present number is an unusually interesting and valuable one.

SKUNK PERFUME AS AN ANÆSTHETIC.—Dr. W. B. Conway (Virginia Medical Monthly, August, 1881) reports a case where roguish school boys caused one of their number to inhale from a two ounce phial an unknown quantity of skunk perfume. The effects produced were total unconsciousness, muscular relaxation, a temperature of 94° and pulse of 65, together with cool extremities. The respiration and pupils were normal. The patient soon recovered under hot pediluvia and stimulants. The skunk perfume is rather an unpleasant substance to experiment with, still those endowed with anosmia might obtain results of value from similar experiments with it.

SECOND ATTACK OF VARIOLA.—Dr. Frank W. Chapin (Gaillard's Medical Journal, January, 1881,) reports the following case of a second attack of variola within a very brief time. A female ten months old was admitted to the Riverside Hospital, New York City, with the following history: The patient had been with her mother and three brothers on a visit to Italy, and on their return the family were detained at quarantine because the mother, brothers, and this patient were attacked with small-pox, the diagnosis being made by one of the most prominent diagnosticians of New York. This patient was admitted to the hospital May 7, 1880, had never been vaccinated, and had presented symptoms of small-pox for five days previously. On admission there was but little fever present. There was an umbilicated variolous eruption on the face, neck, and arms. The vesicle

were pricked with a needle dipped in a solution of nitrate of silver and dried up without leaving scars, complete desiccation occurring on May 20, and the patient having completely recovered, was discharged May 26. She was re-admitted June 6, with a temperature of 104° , rapid and weak pulse, slight nausea and covered by a variculous eruption in the vesicular stage, the vesicles being half grown. The mother who accompanied the patient stated that the eruption appeared four days previously, first on the face, next day on the hands and feet, and the following day on the rest of the body. The eruption was confluent on the face and neck, and discrete on the rest of the body, being umbilicated on the extremities and body. Thirteen days after the patient's first admission, a brother who had not been to Italy with the rest of the family was admitted into the hospital suffering from small-pox, he having contracted the disease from this patient during the initial stages of her first attack, as was shown by the clearest evidence. The case is certainly an exceptional one.

SUICIDE BY DYNAMITE.—Dr. A. D. Leadman (British Medical Journal, July 30, 1881,) reports a case of suicide by dynamite. The patient after making a statement that led to the arrest of an innocent person for robbery, failed to appear as witness. About noon, the time he should have appeared in court, he went into his garden and placing a cartridge of dynamite in his mouth ignited it. The soft palate was torn away, the fauces rent, the tongue detached and mutilated, the teeth broken off and splintered, the superior maxillary bones separated and fractured to the orbit; the inferior maxillary bone was broken into twenty pieces. Dr. Leadman claims this is the first case of the kind on record. A somewhat similar case is that of the lunatic who blew his urethra to pieces with gunpowder, and the case reported from St. Louis equals Dr. Leadman's case in its startling character. A German manufacturer of fireworks, aged

fifty-six, adopted a curious and determined means to commit suicide. He prepared a special explosive known as a cannon bomb, he selected two large stones, between which he placed the bomb. He then prostrated himself on top, and, leaning back, lit the fuse, which burnt slowly. At the expiration of five minutes an explosion ensued, by which the suicide was torn to pieces. His intestines and fragments of his body were scattered for nearly a block. The suicide had previously suffered from depression, the result of hypochondriasis.

RETRACTION OF THE INTEROSSEAL MEMBRANE of the forearm has been discussed by Dr. Rannet, (*Archives Générales de Médecine*, August, 1881,) who comes to the following conclusions respecting it: Retraction of the interosseal membrane has for effect an interference with supination, while diminution of the interosseal space by callus or fragments closely apposed results in interference with pronation, retraction of the interosseal membrane being the result of prolonged immobility. Combined with relaxation of this membrane the surest means of repairing an accident so fatal to supination is to practice early and persistent mobilization.

BULLFROG OINTMENT.—The Pacific Medical and Surgical Journal, August, 1881, tells of a practitioner in Alameda County, California, who found his patient using bullfrog ointment made by boiling a pint of milk, then boiling a living bullfrog to paste therein, and throwing out the bones. The "ointment" thus prepared, is on the afore-said patient's authority, the best application for sore breasts. This seems to be a return to the materia medica of the twelfth century; the "science" of one age surviving as a superstition of another. The Journal's zoological nomenclature seems to be as much awry as the therapeutics of the patient alluded to, for it calls the bullfrog *Bufo*, the generic title applied by all other zoologists to the toad.

TRAUMATISM IN SYPHILITICS.—Dr. Folina of Naples (*Archives Générales de Médecine*, July, 1881) comes to the following conclusions respecting traumatism in syphilitic patients. First: The initial lesion transforms surgical or accidental wounds in continuity with it, into syphilitic indurations. Second: The initial lesion has no influence on wounds at a distance from it. Third: Syphilis during the period between the inception of the disease and the constitutional manifestation of it, and even during the onset of the latter is without influence on the lesions produced by traumatism. Fourth: Syphilis, during the inflammatory period, transforms wounds of traumatic origin into specific manifestations. Fifth: The transformation of traumatic lesions into syphilitic manifestations may take place during the active period of syphilis, whether there be syphilitic manifestations near or at a distance from the wound. Sixth: During the active period of syphilis when the disease does not transform traumatism into syphilitic manifestations it causes them to assume an indolent type incurable except by anti-syphilitic treatment. Seventh: Syphilitic neoplasms have as a rule no action, whether the traumatism be near or at a distance from it, although it may, under circumstances, transform a wound, inflicted with great violence, into an ulcerative syphilide, or cause it to take on an indolent character. Eighth: Syphilis during the latent intervals of the secondary period acts as if it were in activity, whether in causing the traumatism to take on a syphilitic type or in retarding recovery, unless specific treatment be used. Ninth: Latent syphilis during the neoplastic period has but seldom any specific action on any traumatism whatever; the latter almost always are unaffected by the coexistence of syphilis. Tenth: Traumatic lesions in syphilitic subjects can be the source of syphilitic infection. Eleventh: Traumatic lesions in patients suffering from latent or active recent syphilis can become the point of departure for new syphilitic manifesta-

tion. Twelfth: Traumatic lesions in syphilitic subjects may spread eruptions for some distance around, more particularly during the inflammatory period, rarely during the neoplastic period. Thirteenth: In syphilitic subjects traumatism can become the point of departure for a specific lesion whether in the secondary or tertiary period. Fourteenth: A traumatic lesion in a non-syphilitic subject who subsequently becomes infected may become the point of departure for all the manifestations of syphilis. These conclusions are of value in outlining a new field in syphilography.

HUMAN MILK.—According to Radenhausen (*Zeitschrift für Physiologisches Chemie*) the specific gravity of human milk varies from one thousand and twenty-six to one thousand and thirty-five. As in the case of the cow the specific gravity falls as the mammary gland is emptied. This is due to the increasing amount of fat. If woman's milk is shaken with ether, the fat particles dissolve at once, while with cow's milk an alkali has to be first added before a clear solution is obtained. Woman's milk contains no true casein, but an albumen closely resembling it, and containing peptone. It thus undergoes less change in passing into the tissues than cow's milk, and is therefore more easily digestible. It appears that nature has provided its best food for infants. The cause of the increase of fat in the last portions of the milk has been attributed to many sources. First: The fact that the fat particles being lighter, rise to the top in the gland just as they do in the pail after the milk is drawn. Second: That the fat particles adhere to the small excretory ducts and are not given up until the gland is emptied. That the separation of the components of milk, especially the fatty particles, is largely influenced by action of the nervous system as illustrated in many other glands of the body. This nervous activity is set up by withdrawing the milk, and hence the rapid increase of fat particles as milking goes on.

GRADUATION OF HOMŒOPATHISTS.—Of the one hundred and forty-eight members of the New York County Homœopathic Medical Society, sixty-two are graduates or licentiates of regular schools, three of eclectic schools and the remainder of homœopathic colleges. Of the regular New York schools, twenty-four graduates of the University Medical School turned homœopathists, ten graduates of the College of Physicians and Surgeons followed their example, while but one graduate of Bellevue is found among the ranks of homœopathists. The deceased New York Medical College has seven practising homœopathists among its graduates. Of the remainder, four are graduates of the New York Medical College and Hospital for Women, two of Jefferson, one each of McGill, Harvard, Castleton, Fairfield, Syracuse, Yale, Bowdoin, Dartmouth, Munich Germany, Long Island College Hospital, Georgetown, Cleveland, Berkshire, and the remainder licentiates of medical societies. If these straws show the course of the wind the University of New York City seems to be especially favored by homœopathists.

BENIGN EPITHELIOMA OF THE FACE.—Lévêque (*Bulletin Générale de Thérapeutique Médicale et Chirurgicale*, July 30, 1881) gives the following symptoms as characteristic of benign epithelioma. It is a local affection of slight nature, coming on in general at an advanced period of life. It originates in the glands, most frequently in the sudoriparous, occasionally in the papilla of the skin. It begins as a prominence or as a pimple. It is surrounded by a fibroid or, at times, a fibrous membrane, which encysts it, and at the end of from two to thirty years it presents a flat ulcerated surface, slightly excavated and with irregular edges which opens up the whole of the lesion. There is no glandular involvement or at least only after a long series of years. Radical cure is possible so long as the tumor remains encysted. The treatment practiced by Lévêque has been to touch as frequently as possible the ulcerated portion,

with a brush well steeped in the following solution: Glycerine, one hundred parts; Chlorate of potash, ten parts. The duration of the treatment need not extend beyond three months, but improvement is already manifested at the end of two weeks. If, at the end of three weeks, no improvement is shown, recourse should be at once had to the knife. To the therapeutical editor of the Review extirpation of this benign form would seem the best means of treatment, as there is always a danger according to Dr. Lévêque of the benign form passing to the malignant stage.

SALICYLIC ACID IN GONORRŒA.—The following mixture quoted in the *Druggist*, August, 1881, is claimed to act well in acute gonorrhœa: Salicylic acid, twelve grains; Bicarbonate of sodium, six grains; Syrup, one drachm; Water, two drachms; Essence of Wintergreen, sufficient to flavor. One dose; to be repeated each hour until the acute inflammation subsides, when copaiva should be given and injections used. Six doses are usually ordered, and rarely fail to effect the desired result. The antiseptic action of salicylic acid and wintergreen are probably the agents which make the mixture of value. Probably more wintergreen would answer still better.

VERSION BY EXTERNAL MANIPULATION.—Labat (*Annales de Gynécologie*, January, 1881,) calls attention to the value of external manipulation during labor, in performing version. He cites several corroborative cases and comes to the following conclusions: First. That version by external manipulation is possible in certain cases during labor. Second. That when the presentation is transverse and the placenta is inserted in the vicinity of the orifice, cephalic version by external manipulation results in a diminished hæmorrhage. Third. That when cephalic version is not possible, pelvic version should be attempted. Fourth. That the employment of the binder after labor is not always necessary.

FLECHSIG'S LATEST RESEARCHES.—Considerable importance has been attached by neurologists, to the results obtained by Flechsig in his investigations of the development of the medullary strands in the foetus and the new-born infant. That one study of spinal symptomatology, as well as of the lesions of the internal capsule, has received a new impetus, through Flechsig's revelations, cannot be denied, but at the same time it is to be regretted, that in the yielding credit to Flechsig, that due to earlier investigators is suppressed. In fact with many neurological specialists as well as with certain asylum petrifications, whose researches on insanity are chiefly directed to the spinal cord, Flechsig's "tracts" constitute the Alpha and Omega of neuro-anatomy. This popularity of Flechsig's teachings is in part due to their simplicity. Not transcending at first the limits of the spinal cord and the great myelo-cerebral fasciculi, they appeal to the appreciative faculties of those to whom Meynert's treatise was naturally a book with seven seals: For a short time the "cortical centers" and the spinal tracts reigned supreme; one neurological pope in an American metropolis actually declared that the great ganglia, especially the corpus striatum, had been deprived of their earlier assigned importance by newer researches, which relegated all cerebral functions to the cortex, and left the corpus striatum none! The aforesaid pope, judging by his previous history as a medical writer, will crop out with a different theory as soon as Charcot or some other French author will assimilate and generalize the latest observations of Flechsig. The readers of the Review, however, will not be compelled to wait for such "revelations."

Flechsig's latest paper, published in the Archives of Anatomy and Physiology of this year, is especially devoted to those parts of the internal capsule whose connection with the great ganglia or the cortex remained obscure. In the first place, the position of the pyramidal tract

proper is accurately localized. It occupies in the middle of the Crus, about the second quarter area, counting from without, of the pes pedunculi. To its inner side another bundle is situated which as it is exhausted in the region of the Pons, he considers to represent the analogous innervation for the cranial nerve nuclei, particularly the seventh and twelfth pairs, which the pyramidal tract constitutes for the extremities. As the Pes becomes the internal capsule or rather a part of it, the "cranial nerve tract" comes to lie anterior to the pyramidal tract. The tract lying behind the latter, is directed to the posterior segment of the cortex, and is sensory. The larger tract lying in front of the cranial nerve tract is derived from the transverse fibres of the Pons, and hence from the cerebellum, and passes to the caudate nucleus, the lenticular nucleus and directly to the frontal lobe of the cerebrum. While Flechsig, with an evident motive, lays special stress on the minute points in which Meynert's views and his do not coincide, he neglects to refer to the fact that in the main features of his teachings he was anticipated by Meynert, over a decade ago. It was Meynert who first taught that the great ganglia are connected with the Cerebellum through the Pes and Pons, it was he also who distinguished the cerebral controlling tract for the cranial nerves from that of the spinal nerves, and pointed out their relative situation, and it was he also who first employed the methods of reasoning, which Flechsig, notwithstanding his reluctance to abandon the field of mechanical observation, is compelled to resort to, in order to render his observations profitable.

It is necessary thus to insist on the credit due to the pioneer of modern and applied cerebral anatomy, as an American neurologist was the first to designate Meynert, in view of the thoughtless imitation mania, which possesses the majority of third rate writers to follow a popular lead. The researches of Flechsig, Forel and Roller would never have been made

the cortical localizations even, perhaps not attempted, had not Meynert pointed out the way. It is our agreeable duty to record, that the two most modern and complete treatises on the nervous system, published in Germany indicate that the prophet is finally appreciated at home. These are Schwalbe's and Wernicke's handbooks. The latter which is perhaps the most thorough manual on the diseases of the brain extant, contains the following sentence: "It is almost superfluous to say that my representation of cerebral anatomy is based on the foundation, furnished by Meynert, the greatest interpreter of cerebral anatomy who has ever lived."

FACIAL HAIR GROWTHS IN INSANE WOMEN.—Dr. Allan McLane Hamilton (New York Medical Record, March 12, 1881) is inclined to assign great prognostic value to the occurrence of facial hair growths in the female insane. His communication ignores the fact that racial peculiarities are not without influence in producing the phenomenon in question. Dr. Hamilton's communication is not without value as showing that one of the institutions to which he is consulting physician does not keep histories of the patients in its custody.

TONSILLOTOMY AND VIRILITY.—Dr. Thompson Hague (British Medical Journal, July 30, 1881,) discusses this mooted question, which has acquired such notoriety by reason of the too positive statements of Dr. Penrose. Dr. Hague cites the natives of Zanzibar all of whom have had tonsillotomy performed during youth, and nearly all are rather extravagantly virile as compared with the average Europeans.

"REMOVED INTESTINES."—The following prescription of a Michigan "practitioner" is going the rounds of the medical press: "A powder of egg shells, twenty grains, annually every hour, till her bowels are removed." The schoolmaster was evidently abroad when the "practitioner" was being educated antecedent to studying medicine.

THE ROYAL ACADEMY of Medicine of Brussels offers a prize of sixteen hundred dollars for the best essay on the pathology and treatment of nervous diseases. If the therapeutic results obtained be of great value, the winner of the prize is to receive five thousand dollars in addition, to be awarded in January, 1884.

THE TWO HELLEBORES.—Pecholir and Redier have recently (Journal de Médecine de Bordeaux, May 1, 1881,) investigated the properties of veratrum album and black hellebore. The first is an emeto-cathartic, contra-stimulant and sedative to the sensibility; the second is an excitant, and a very dangerous poison of rapid action. The confusion of these two drugs by various experimental investigators has led, at times, to terrible accidents, which explains the general dis-esteem in which hellebore is held. The veratrum album has, however, been but exceptionally used in medicine. Hypodermically, the vegetable principle which is so irritant per orem has proven itself of value as a cardiac stimulant.

INSANITY FROM QUININE.—Dr. J. G. Kiernan (Journal of Nervous and Mental Disease, July, 1881) calls attention to certain cases of insanity produced by quinine, concerning which he concludes as follows: First: That quinine may give rise to psychoses in hereditarily predisposed individuals. Second: That these psychoses may present themselves in two groups; one of which is a form of acute mania with aural hallucinations, probably not entirely independent of the physiological effects of quinine; and the other that of extreme dementia. Third: That quinine can exert this ætiological influence but rarely. Fourth: That a favorable prognosis, like the prognosis in regard to individual attacks of all acute cases of insanity occurring in hereditarily predisposed individuals, can be given. Dr. Kiernan is unacquainted with any previously reported cases of insanity caused by the use of quinine.

FUNCTION OF THE FRONTAL LOBE.—The discovery of a special tract by Flechsig, and partly anticipated by Meynert, uniting the Cerebellum, through the Pons, Pes and Capsule fibres with the Frontal cortex, would seem to point to an important relation of the Frontal Lobe with those higher coördinations engaged in maintaining the upright position of man. The connection with the lenticular nucleus is an evidence in the same direction, for this nucleus is in its anterior portion atrophic in the porpoise, better developed in quadrupeds, still better in monkeys and man. The termination of some of the auditory fibres in the cerebellum, suggests the possibility of this tract having some connection with the sense of space and time also, senses intimately related to the intelligence.

OLEATE OF MERCURY.—Dr. S. V. Clevenger (Druggist, August, 1881,) comes, after extended experimentation, to the following conclusions respecting this substance: First: In the course of time, at least, the oleate breaks up into metallic mercury in an extreme state of subdivision. Second: These minute metallic globules are suspended in the oleic acid, and a steady though slow shower of the globules falls from the liquid. Third: At all times, different heights of the oil yield different percentages of mercury, the top affording the least, and the bottom the greatest quantity. Fourth: The freshly prepared oil will be most uniform; an oleate a few months old containing less mercury, which accounts for the variable results obtained by physicians in its use. Fifth: The term "oleate of mercury" is most probably a misnomer. Sixth: The simplest method of making the "oleate" would be by rapid and prolonged shaking of the metal with the required amount of oleic acid; and old precipitated oleate should be thoroughly reshaken before being dispensed.

DR. Curwen has been appointed superintendent of the State Lunatic Asylum at Warren, Pennsylvania.

VENESECTION.—Dr. Dolan (Medical Press and Circular, May 18, 1881) comes to the following conclusions respecting Venesection. First: Venesection has no direct influence over external or internal inflammation. Second; It is useless in external inflammations. Third; It is useful in those internal inflammations which affect the cardiac and respiratory functions. Fourth: Local bleeding has a potent, useful effect in external inflammations. Fifth: Local bleeding, in cases of internal inflammation in which a direct capillary circulation exists between the skin and the part affected, is of decided benefit. Sixth: The value of local bleeding, when these indications are not present is doubtful. In the opinion of the therapeutical editor of the Review these conclusions certainly affirm what will be accepted by all reasoning therapeutists as true, and they, most assuredly, are destitute alike of the pro-venesection cant and its opposite, which have alternately been prevalent and are certainly about equally pernicious and absurd.

DEATH OF CHARLES II.—There is an item going the rounds of the medical press to the effect that Charles II. of England was among those who died from malaria. The description of his disease, as given by Macaulay is clearly that of an apoplectic attack. To be sure there was much squabbling among the physicians, not an uncommon occurrence on occasions when the life of a prominent individual is involved, and after pronouncing the disease successively epilepsy and apoplexy, and treating it accordingly, the physicians finally decided to call it a fever and, as the phrase went, "to throw in bark." This was only one of the numerous absurdities committed by the physicians on that occasion who, however, left a very clear description of what no one can fail to recognize as apoplexy. As Macaulay says, the physicians contradicted each other and themselves in a manner characteristic of the medical science of that particular period.

VARIETIES OF VACCINAL ERUPTIONS.—

A report on these eruptions was presented last summer to the Paris Academy of Medicine (Medical and Surgical Reporter), by Dr. Hervieux. He classified them as follows: First: Vaccinal eruptions are of two kinds; those caused by accidental inoculation, as by the nails, accidental pricks with the vaccinating instrument, etc.; and those resulting spontaneously, as in the exanthemata, from general infection of the system. Second: Spontaneous vaccinal eruptions may be primary, appearing simultaneously with the vaccine vesicle proper; or they may be secondary, developing at a later period, usually the ninth or eleventh day. In the first case the eruption presents the same character as the ordinary vaccine vesicle; in the second case it assumes very various forms; erythematous, miliary, vesicular, papular, etc. Third: In patients subject to eczema, impetigo, or chronic diseases of the skin, the vaccinal eruption, generally mild and discrete, readily takes on a graver character, becomes confluent, and is generally limited to the parts affected by the cutaneous disease.

LEPROSY FROM VACCINATION.—On this point the opinion (New York Medical Record, August 13, 1881,) of Mr. Carter, President of the Board of Health, is significant and indeed startling, if he has an adequate basis for his conclusions. It is his belief that of nearly eight hundred lepers sent to the leper settlement subsequent to the last small-pox epidemic in Honolulu, probably six hundred became thus diseased through vaccination with human virus. This simply adds to the force of the argument in favor of the bovine virus.

PILOCARPINE IN NEPHRITIS.—Langlet (La France Médicale) claims to have treated a case of albuminuria occurring during pregnancy, with good results, by means of jaborandi. The drug acted as a diuretic, causing hæmaturia. The latter circumstance renders the exact part which jaborandi

played in the treatment somewhat doubtful. Jaborandi reduces arterial tension and is consequently contra-indicated in conditions where the heart is weak, so that if used at all in nephritic conditions, it should be used with caution.

HYPOSULPHITES IN DIPHTHERIA.—Dr. J. M. Armstrong in a recent paper (Medical and Surgical Reporter, July 16, 1881) claims very good results in the treatment of diphtheria by hyposulphite of soda. The drug was administered locally; tonics and stimulants being given at the same time. As Armstrong's conclusions were confirmed by Drs. Burd and Meredith, two members of the society before which the paper was read, it is but fair to assume that his conclusions to the beneficial action of the drug were well founded. At the same time it is probable that the hyposulphites are no way superior in this disease to many other antiseptics and the cases reported are as yet too few to be of much use in drawing inferences as to the value of the drug.

ETHEREAL CASTOR OIL.—Prodan (Druggist, August, 1881,) of Fume, Austria, claims to have extracted from the castor seed not only the oil which by itself alone is not purgative, but also dissolved in it an active principle which he calls ricinine. This latter principle is very soluble in ether, and to it the purgative action of castor oil is chiefly due. Prodan dissolves out this vegetable principle, and thus obtains not only the beneficial effects of castor oil but, what is more desirable to the patient, also a product destitute of the disagreeable and rancid taste of castor oil. This preparation has the further advantage of being miscible in water, coffee, beef tea or milk, in all proportions, and the drug thus admits of being given without disgust and without being perceived. This product of castor oil seems deserving of widespread attention, and is likely to be of more value than castor oil itself, the popularity of which is great, considering its deficiencies.

A NEW ANTISEPTIC.—Dr. C. F. Kingzett (London Lancet) claims that the product obtained by forcing air through oil of turpentine during a period of from one to two hundred hours, has an antiseptic quality superior to any hitherto known. The oil of turpentine so treated loses its volatile character, and although not soluble in water, it forms in contact with this, or any moist surface, strongly antiseptic principles.

EXTENDED MENSTRUATION.—Dr. E. W. Lane, Scarboro, Georgia (Medical Summary, July, 1881) reports a case of regular menstruation extending from the fourteenth to the sixty-ninth year, and irregularly till the seventieth. At the autopsy of the patient, she having died in her seventy-first year, nothing unusual was discovered in the genital organs. The case is unusually well authenticated, the patient having been under Dr. Lane's observation for twenty-five years, and its being supplemented by an autopsy adds much to its value.

JABORINE.—Under this name Erick Harnack and Hans Meyer (Journal de Pharmacie et de Chimie, April; Druggist, August, 1881) describes a second alkaloid of Jaborandi. These experimenters have used in their researches the mother water left from the isolation of pilocarpine, and also false Jaborandi (*Piper reticulatum*). Two methods have been employed to obtain the jaborine. In the first the alcoholic solution of the mother liquor acidulated with the muriatic acid has been partially precipitated by the bichloride of platina; the chloro-platinate of jaborine being more soluble than the same salt of pilocarpine. The first precipitate, containing ordinarily fatty matters is insoluble in water, and is put to one side. The liquid separated from this first precipitate is filtered and completely precipitated by the salt of platina. The liquid is again filtered, after which the alcoholic liquid throws down a small quantity of jaborine. These two last precipitates are then exhausted with boiling water. The

chloro-platinate of jaborine is a bright yellow powder or an amorphous mass of red. Prolonged washing with alcohol, removes some of this color. By decomposing the platinum salt, a yellowish amorphous mass of jaborine is obtained. In the second process, the crude material is dissolved in water acidulated with hydrochloric acid; to the filtered liquid, bichloride of mercury is added until it produces a milky precipitate. By a prolonged agitation, followed by a filtration, a clear yellow liquid is obtained; this is then subjected to sulphuretted hydrogen; it is then concentrated, caustic soda is added, and the whole agitated with ether. The ethereal solution, so produced, when evaporated, leaves jaborine in an amorphous and colorless form. Jaborine can be produced by the simple concentration of an acid solution of pilocarpine, which creates some doubt as to whether it be not an artefact. Its therapeutic properties still remain to be determined.

NITRITE OF AMYL IN CHRONIC BLADDER CATARRH.—Weiser (Courrier Médical, March 26, 1881) claims that nitrite of amyl has marked antiseptic qualities, and has found that three drops of the nitrite, mixed with water and injected into the bladder twice a day, has acted well in chronic vesical catarrh. What the rationale of its action is in this disease is somewhat difficult to conceive, but it is not impossible that the alleged virtues of the drug are due simply to the production of an acute condition, which is antagonistic to the condition of passive hyperæmia previously existing, and not to the antiseptic virtues of the nitrite of amyl.

OPTIC LESIONS AND GASTRIC HÆMORRHAGE.—Rampoldi (Annali di Otologia) claims that in certain cases of gastric hæmorrhage, certain pathological changes occur in the eye, and these are of grave prognostic importance. Further investigation would appear to be necessary to make the subject of any diagnostic or prognostic value.

A REGULARLY educated physician now practicing homœopathy, gave as a reason for doing this that his eyesight had failed, and he could not dispense large doses of medicine.

LISTER'S BORIC ACID OINTMENT.—The following is proposed (*Pharmaceutische Zeitung*) as a substitute for the ordinary formula of this compound: Melted paraffin two drachms, oil of almonds three drachms. When cooled mix with powdered boric acid, one and a half drachms, soft paraffin two drachms. This is said to be very stable, and does not change with the ordinary changes in local temperature.

ANTI-PERIODIC PROPERTIES OF PAPAVER SOMNIFERUM.—Dr. John C. Lucas (*British Medical Journal*, July 30, 1881,) alludes to the belief, prevalent in certain parts of India, of the antiperiodic qualities of the *Papaver somniferum*. A similar belief was at one time prevalent in certain parts of New Jersey, and led to the rather extensive cultivation and use of the poppy. No bad effects as regards opium using ever made their appearance, and the plant, in certain cases, appeared decidedly efficacious. Investigation might lead to results of value.

USE OF THE FORCEPS.—Dr. H. Lowndes (*British Medical Journal*, July 9, 1881) claims to have found the following four rules of value in the use of the forceps: First: To always make traction in the interval instead of during the pains. Second: When not making traction, to allow the handles of the forceps to remain as far apart as possible. Third: The handles during the intervals should be grasped only when necessary to prevent their being expelled or damage being done the forceps. Fourth: That the forceps during the passage of the child's head through the vulva, should be used only as found necessary for a restraining power during the pains, and the labor completed by traction during an interval between the pains.

INCUBATION STAGE OF INFECTIOUS DISEASES.—At the annual meeting of the Sanitary Institute of Great Britain on May 25 (*Druggist*, August, 1881) Dr. Richardson gave a short account of some recent researches which he made as to the periods of incubation of infectious diseases. He said that there are twenty-six well-known diseases of this kind, and each has its special period of incubation, which, though open to exceptions, is fairly regular. The period of incubation was that period which intervened between the reception of the disease germ and the first manifestation of effect. Diseases might thus be grouped according to their stages of incubation into five classes, Shortest, Short, Medium, Long, Longest. The shortest period was one to four days: under this head came plague, cholera, malignant pustule, and dissection poison. The second period was from two to six days, and under this head came scarlet fever, diphtheria, croup, erysipelas, whooping cough, influenza, glanders, and pyæmia. The medium period was from four to eight days, and in it are included cow-pox and relapsing fever. The long period was ten to fifteen days, and included in it measles, mumps, typhus and typhoid. The longest period, forty days, included syphilis, and might include hydrophobia.

CALOMEL is so nearly related to corrosive sublimate that the careful physician is always on his guard to prevent the transformation of the insoluble into the soluble chloride of mercury. It has been generally supposed that many of the substances used as excipients in pharmacy, such as sugar, milk sugar, gums, aloe powder, etc., possessed the power of working this gradual transformation, and hence these substances have been avoided when calomel was used. Merrer (*Arch. Chim.*) has found, on the contrary, that calomel mixed with these bodies, even after nine months, remains completely unchanged. There can therefore be no objection, on this account, to sugar made and sugar coated calomel pills.

QUILLAYA has been proposed (*Journal de Médecine et de Chirurgie*, June, 1881) for use as a means of washing out wounds. Its peculiar properties seem to render it well adapted for this use.

ERGOTINE SUPPOSITORIES. — Dujardin-Beaumetz (*Journal de Médecine et de Chirurgie*, May, 1881) claims that ergotine suppositories may largely replace hypodermic injections of ergotine. The formula given by him is ergotine, three grains, cacao butter, seventy-five grains for each one of the suppositories.

SARSAPARILLA.—The province of Amazonas, Brazil, exported last year nearly two hundred tons of this root. The vine, which is stated to be *Smilax papyracea*, (*Druggist*, August, 1881) grows in the swamps in a rich black mud, and the collectors often spend weeks in these marshes. The roots are traced and raised with a sharp stick, but the vine or creeper is not disturbed, the roots being cut off near the stalk and covered up with a little earth, so that fresh roots may grow, and in time a fresh harvest be gathered. Attempts have been made in different countries to cultivate the plant, but so far none have been commercially successful anywhere.

ARTIFICIAL DIABETES.—Sugar can be made to appear in otherwise healthy urine in various ways. First: By irritation or section of certain nerves leading to the kidneys. Second: According to Pavy it follows the administration of large quantities of acids. Third: By hypodermic injection of large quantities of common salt in solution. On the other hand administration of salt by the stomach does not produce glycosuria. Diabetes should not always be diagnosed from the mere presence of sugar in the urine. Some inquiry should first be made into diet and preceding medication. Certain epileptics and progressive paretics are attacked by temporary glycosuria of evidently nervous origin.

SEQUELÆ OF VARIOLA. — Leudet (*Archives Générales de Médecine*, June, 1881,) arrives at the following conclusions respecting the sequelæ of variola: First: Variola may cause to appear, during the convalescent period, the complications observed during other diseases like rheumatism and the exanthemata. Second: These sequelæ are dropsy without or with albuminuria, nervous affections, like aphasia and peripheral neuritis, parotitis gangrene of the mouth, etc. Third: These accidents are most frequently met with during epidemics, the general nature of which is adynamic. These conclusions seem all well founded except the last, for according to many other authorities, sthenic epidemics are most likely to give rise to sequelæ.

ARTHRITIC PLEURISY.—Colin (*Journal de Médecine et de Chirurgie*) claims that pleurisy of a rheumatic nature can be distinguished by a peculiar friction which has for seat the junction of the middle and superior third of the region of the axilla. Colin regards this as indication of an arthritic affection, even though the patient may previously not have had rheumatism. This friction sound resembles the dry crepitation of pulmonary tuberculosis in its first stage, and is most marked on the right side. It is symptomatic, in Colin's opinion, of all affections of an arthritic nature. The matter certainly needs much more investigation to settle its value.

PHOSPHIDE OF ZINC IN LOCOMOTOR ATAXIA is claimed by Dr. Hasting Burroughs (*Medical Press and Circular*, February 9, 1881,) to give very good results in locomotor ataxia. The remedy has been tried before without any very striking success, and it is very probable that Dr. Burroughs, like many other therapeutical experimenters on locomotor ataxia has succeeded in deceiving himself.

THE SHETLAND ISLANDS with a population of twenty-seven thousand have but six physicians to attend to their wants.

CUNDURANGO ERUPTION. Dr. J. E. Guntz (quoted in the Medical and Surgical Reporter, August 20, 1881) claims that Cundurango produces an eruption in about two per cent. of the cases in which it has been administered.

VACCINE CULTIVATION.—Dr. J. Lawrence-Hamilton (London Lancet) proposes to cultivate vaccine outside of the body in suitable solution, using the product as vaccine lymph. He believes that the lymph so obtained would be much more valuable and less liable to cause unpleasant accidents than any now in use.

SALICYLIC ACID IN VARIOLA.—Dr. Boyer (Journal de Thérapeutique) claims very good results from the use of salicylic acid in variola. The formula used by him is as follows: Salicylic acid one part, alcohol ten parts, water fifty parts, and simple syrup twenty-nine parts. While salicylic acid is no doubt of value in the disease, its effects are over estimated by Dr. Boyer.

CONVALARIA MAJALIS.—Clinical and physiological experiments with this herb are reported (Centralblatt für Klinische Medizin, No. 1, 1881) by Drs. Bojojawlensky and Troitzky. In organic cardiac disease its effects were found equal to those of digitalis; the urine was increased; serous exudations were rapidly absorbed; nervous excitability was diminished. Cumulative effects were not observed.

SUPPRESSION OF URINE IN INTESTINAL OBSTRUCTION.—Dr. J. Austin (British Medical Journal, July 30, 1881,) cites a case where suppression of urine and intestinal obstruction were coincident, and calls attention to the fact that the existence of suppression of urine in intestinal obstruction is regarded by some as an evidence of the obstruction being high up in the small intestine. Dr. Austin lays no special stress on suppression of urine, regarding it as one of the consequences of collapse.

EUPHORBIA VILLOSA is said to be regarded (Allgemeine Medicinische Central Zeitung, March 26, 1881) in the Ukraine and Galicia, as an unfailing remedy against hydrophobia, when taken within five or six days of the infection. Unusually good evidence is claimed in its favor. It is strange that so many hydrophobia specifics start from Russia and prove valueless elsewhere. Erroneous diagnosis is most probably the cause for these therapeutic fiascos.

THE INDIANA MEDICAL REPORTER is now published monthly both in Chicago, Ill., and at Evansville, Ind. Its publisher and proprietor is Mr. Charles S. Baker, of the firm of Chapman, Green and Co., Chicago. Dr. J. W. Compton, Evansville, Ind., assisted by an editorial corps, retains the editorial management. The name of the journal has been changed to the Western Medical Reporter.

INNATE DEPRAVITY OF PRINTERS.—A review of Dr. Otis' book on syphilis contained the words: "this is a philosophical exposé of the views of the author." The printer transformed "views," into "vices" and thus seriously reflected on an estimable practitioner. Fortunately the error was discovered on the first proof and Dr. Otis' character was saved.

TARSALGIA.—Dr. Sée (Journal de Médecine et de Chirurgie, February, 1881,) claims very good results from the treatment of tarsalgia, an affection that frequently simulates rheumatism, with pediluvia of hops repeated twice a day; three or four days of treatment are generally sufficient to effect a cure of the disease.

MATTHEW VASSAR has left ten thousand dollars to St. Barnabas Hospital, Poughkeepsie, New York, and eighty-five thousand dollars to the Vassar Brothers' Hospital of the same place, beside making the latter hospital his residuary legatee, thus very richly endowing it.

TANNIC ACID IN ERYSIPELAS.—Braithwaite (British Medical Journal, April 30, 1881) recommends the use, in erysipelas, of tannic acid, in alcohol and water, brushed over the affected part with a soft brush, every two or three hours. The remedy seems worthy of trial in this disease.

CHARBON—Sternberg (Maryland Medical Journal, August 15, 1881) after injecting a small quantity of dried blood, seven years old, containing *Bacillus anthracis*, into the skin of a mouse, found the animal dead the next day and numerous bacilli in its spleen.

CAUSE AND EFFECT.—A lady visiting a friend just confined (Cincinnati Enquirer) remarked to the grandmother, "But how small the child is." "Well, we had a homoeopathic doctor."

DR. G. MARCHANT, superintendent of the Bracquerville Asylum for the Insane, near Toulouse, France, was shot and killed by one of his patients.

DR. JOHN W. WAUGHOP has been appointed superintendent of the Asylum for the Insane at Steilacoom, Washington Territory.

THE ACADEMY OF MEDICINE of Turin, offers four thousand dollars for the best essay on the physio-pathology of the blood.

DR. BISSEZ, a Vienna, Austria practitioner, has been fined for using the title of professor without authority.

THE NEW YORK LEGISLATURE is about to investigate the Health Officer of the Port of New York.

DR. L. H. LAIDLEY, a prominent physician of Carmichaels, Pennsylvania, died July 28, 1881.

DR. McI. Ostander, a prominent physician of Pittston, Pa., died August 24, 1881.

DR. GOVE SAULSBURY twice Governor of Delaware died August 1, 1881.

DR. M. F. WARD, M. P., a prominent Irish physician, died July 6, 1881.

DR. CHANTREUIL, a distinguished French obstetrician, died recently.

ERASMUS WILSON, the dermatologist, has been elected president of the Royal College of Surgeons, England.

PREGNANCY AT AN ADVANCED AGE.—Dr. J. J. Taylor, Streator, Illinois (Chicago Journal and Examiner, August, 1881) reports having delivered a woman aged fifty-four, of an eleven pound child.

LOCAL.

CHICAGO MEDICAL SOCIETY.

The inaugural meeting of this society promises to be an exceedingly interesting one. It will not be held, in all probability, until October, in order to allow the return and reports of the delegates to the International Medical Congress.

HEALTH DEPARTMENT.

For the week ending August 6, the mortality of the city was five hundred and twenty-seven. The following week witnessed a diminution in the number of deaths to three hundred and eighty-one, and the following week, a still further reduction to three hundred and sixty. Of these deaths about seventy-five per cent. were children under five years of age. There is every reason for believing that Chicago will experience an epidemic of small-pox this winter. The disease appears now to be spreading. In the opinion of Registrar Gleason, the fourteenth and other wards should be districted and house to house vaccination performed on every inhabitant, by physicians employed by the city for that purpose. Records should be kept, and the proceedings carried on systematically. At present, owing to the inadequacy of the force and the funds at the disposal of the Health Commission, this house to house vaccination cannot be carried out. Typhoid fever and diphtheria appear to be on the increase, the deaths recorded in two weeks in August being respectively twenty-three and twenty of the former, and thirteen and fourteen in the case of the latter disease.

ORIGINAL CONTRIBUTIONS.

*SCHEMATIC EYES.**A proposed new form.*

BY DR. LITTON FORBES, L. R. C. P., DENVER, COL.
Late Clinical Assistant and House Surgeon, Royal London
Ophthalmic Hospital.

In the construction of this eye, an attempt has been made to combine some of the advantages of the schematic eye of Listing, as simplified and improved by Donders and Landolt, with those of the artificial eye of Perrin. It is intended mainly for purposes of instruction and demonstration, while it may also be used to a limited extent for physiological and optical experiments. In its construction, simplicity of arrangement and cheapness in price have been aimed at. It is intended essentially for teachers and students, and it is hoped that by its aid some of those problems and facts in ophthalmology, which most learners find so difficult to grasp, may be rendered more intelligible and more easy of recollection.

The schematic eye consists essentially of a chamber three centimetres in length, blackened within in order to absorb light. The complicated dioptric system of the human eye, consisting as it does of the cornea, aqueous, crystalline lens and vitreous humor, each of which possesses a different index of refraction, and require separate consideration from an optical point of view, is here replaced by one simple bi-convex lens. This lens has a principal focal length of fifteen mms., and therefore as nearly as possible represents the sum of the total refractive power of the dioptric system of an ametropic eye. Incident parallel rays passing through it are brought to a focus on a disc of ground glass, which represents the retina. This lens itself is set in a metal frame, which is moveable laterally, and which contains two other lenses. One of these has a refractive power of dioptres higher than the preceding, and is intended to represent the optical condition of the natural eye during this act of accommodation. The third lens has a focal length of thirty millimetres, and represents the condition known as aphakia, or that in which the crystalline lens is from any cause, as after the operation of cataract, absent. Any one of these lenses can be brought into the axis of vision by a simple mechanical arrangement. The retina, which as already stated, consists of a plain disc of dimmed glass, is fixed into a cylinder which by means of a screw can either be

removed from or approximated to the lens. In emmetropia this artificial retina is exactly fifteen millemetres behind the nodal point. The posterior half of the schematic eye together with the cylinder rotates on its own axis, and by means of a screw motion increases or diminishes the total length, and with it the refraction of the dioptric system. The number of dioptres of myopia or hypermetropia thus produced is read off by means of an index and graduated circle. The cylinder already mentioned is further provided with four discs. Number one is an exact photographic reproduction as regards size of the retinal image in a normal eye as formed by Jaeger's test types i-ii-iii, when looked at from a distance of thirty centimetres. Number two represents a glaucomatous cup, having an excavation of one millimetre in depth. Number three shows a case of neuritis with swollen papilla. Number four is a dial for the diagnosis of astigmatism. These discs can be increased in number so as to include the chief pathological conditions of the fundus oculi.

On the anterior portion of the eye, and in front of the crystalline lens is fixed a metal disc which carries three plus and one minus cylindrical lenses, and is also perforated with a simple stenoptic aperture. This disc is movable round its own axis and also as a whole round a circle, the axis of which is the antero-posterior axis of the eye. By this arrangement any desired inclination can be given to the axis of the cylindrical lenses, and the phenomena of simple, hypermetropic, myopic and mixed astigmatism in varying degrees can be reproduced. A horizontal bar divided into centimetres passes through the stand on which the eye is fixed, and carries a lens holder adapted to the spherical or cylindrical glasses found in any ordinary trial case.

By means of this schematic eye the various phenomena of hypermetropia, myopia and astigmatism, and the optical conditions on which they depend, can be readily demonstrated and made intelligible. The estimation of refraction by the ophthalmoscope can be learned. The scientific employment of glasses, and their influence on the size of retinal images in various anomalies of refraction, and the changes in the refraction caused by a lengthening or shortening of the antero-posterior axis of an eye can be shown. Accommodation is reproduced as in the living eye, by an alteration in the curvature, and thereby

in the refractive power of the crystalline lens. By illuminating the eye posteriorly, the optical laws on which the theory of projection of retinal images depends can be demonstrated, and their size and shape shown objectively or by calculation. The various phenomena attached to aphakia, together with the influence of glasses upon the retinal image in that condition amplitude of accommodation, ophthalmoscopic measurements in the direct and indirect images, and the value of various optometers and other instruments of precision may also be exemplified. For exact physiological experiments or mathematical calculation this eye is not intended, nor in this respect can it compare with the schematic eyes of Donders or Landolt. My object in its construction has been to combine simplicity and cheapness with an amount of accuracy sufficient to enable a teacher to demonstrate and a student to grasp quickly and easily the chief optical laws on which modern ophthalmology is founded. A moment's consideration will show that no schematic eye can exactly reproduce a normal human eye; first of all, because the eyes of no two individuals, or even of the same individual are exactly alike optically; and secondly, because theoretical calculations can never be reproduced in practice with perfect accuracy, owing to inevitable and inherent defects in workmanship and material. The leading idea in all schematic eyes has been to replace the complicated dioptric system of the human eye, composed as it is of various factors of different value, by one simple refracting medium, the optical constituents of which shall be in the main those of a normal eye. Landolt has accomplished this by filling his schematic eye with water having an index of refraction of $\frac{4}{3}$ instead of $\frac{103}{77}$, which is as nearly as possible the refractive index of the human eye. He also has substituted a radius of curvature 45 mms. in the cornea, instead of 5.1248 which according to the calculations of Listing, would be the more correct. Hirschberg has shown that these changes do not amount to any serious error, it being only necessary to multiply the retinal images of Landolt's eye by 1.1 in order to make them coincide exactly in size with those of the natural eye. It is evident, however, that all such attempts at perfect accuracy must from the nature of the case fail, if only because we possess no standard to which we can appeal. No two natural eyes are identical in their optical properties, and

hence we must take form a concept the exact counterpart of which is not existent in nature. Every oculist knows that however beautifully adapted the human eye is to its various and multifarious functions, judged merely as an optical instrument, it is full of the greatest defects. Therefore in this schematic eye I have thought it well to abandon all attempt at extreme scientific accuracy, so far as mere measurement of form or size is concerned, and to endeavor mainly to embody and render demonstrable in this most simple form, the leading facts and laws which underlie the study of physiological optics. Hence I have substituted for a fluid medium having the same index of refraction as the aqueous, a bi-convex lens with a considerably higher index, and consequently a shorter focal length. From the nodal point in a normal eye to the retina there is a distance of fifteen mms. and this distance I have taken as the length of the principal focus of the lens which represents the crystalline. The resulting retinal images will approximate sufficiently in size to those of the real eye for all practical purposes of demonstration and self-instruction, while such optical calculations as can be carried out at all in this eye will be very considerably simplified. The reason of this is self-evident, as instead of four media each possessing an optical value of its own, we have only one to deal with, and that one a constant and determinate quantity.

COUGH AND ITS LOCAL TREATMENT.

BY LOUIS ELSBERG, M. D., NEW YORK CITY.

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Among the subjects of interest to every physician, cough certainly holds a prominent place. Since the introduction of the laryngoscope, much positive information has been obtained as to its frequent seat, and, sometimes, simple cure. But this knowledge seems not to have reached, as yet, the profession at large. Without, by any means, exhausting the subject, I desire to call attention to a point or two.

We know cough to be a reflex action for the expulsion of foreign matters from the air-passages. Accumulation of matter, such as mucus, etc., or in fact, irritation in different portions of the tract, may cause it. Its most frequent cause is irritation, at the upper aperture of the larynx, especially its posterior portion; namely, the inter-arytenoid fold, and also the free edge of the

epiglottis. Here, both action and reaction are at work: an irritation of this locality, as, for instance, an erosion of the mucous membrane, is apt to produce cough; and cough from any other cause is apt to produce such an irritation. Each of these two factors, cough and this irritation, can produce the other; when both are present they make each other worse.

Irritation lower down in the respiratory passages; namely, at the posterior wall of the larynx and trachea, the bifurcation of the bronchi, and the mucous membrane of the bronchial tubes, can also produce cough, while it seems irritation of the parenchyma of the lung itself, and of the pleuræ cannot. The fact is, that usually the cough accompanying pulmonary and pleural disease, comes from associated bronchial, tracheal or laryngeal complication. On the other hand, although it would not be true to say that there is no cough-producing spot above the larynx, yet even nasal or pharyngeal catarrh and elongated uvula frequently excite cough only by the irritation of the upper laryngeal aperture, by the descending secretion in the one case and the relaxed extremity of the uvula in the other, either directly or indirectly. The remote causes, as in hysterical and nervous cough, ear cough, so-called stomach cough, etc., etc., act by influencing the motor reflexes, sometimes by means of the independent sensory center, (the existence of which, clinical observation, as well as anatomical reasons have led me to assume), often, I believe, with implication of the vaso-motor nerves.

At all events, there can be no doubt that the great majority of all persons who cough, have, primarily or else secondarily, an irritation at the upper aperture of the larynx, either its posterior or anterior portion; and local treatment of this irritation, sometimes of the simplest kind, relieves (sometimes cures) them.

Almost any physician worthy of the name may, with an expenditure of less than an hour's time, and not much more than a dollar in money, for the purchase of a laryngoscopic mirror, learn to inspect his own or another's larynx. I can, therefore, find no excuse for the omission, in a case of cough, to use the laryngoscope. If a good view of the aperture and interior of the larynx be obtained, the physician may recognize any structural lesion present, and should either himself, or let some one else, treat it. Sometimes conditions exist which

no local treatment can reach, sometimes the condition may require measures that can not be expected from a general practitioner; but aside from any other affection, there will very frequently be seen erosion, fissure or ulceration of the inter-arytenoid fold, or erosion of the epiglottis, which every physician ought to be able to relieve.

With the laryngeal mirror in the left hand, the patient holding his tongue out himself, the physician should, with his right hand, by means of a piece of soft sponge fastened in the sponge-holder, apply to the affected part a saturated solution of iodoform in sulphuric ether, (one part of crystallized iodoform to four parts of ether, dissolved by simple agitation, kept away from the light and flavored with a little oil of wintergreen or musk). There should be no dropping from the sponge, therefore it had better be squeezed out before the throat is touched with it; and there should be no slobbering, therefore the physician ought to acquire some dexterity in practicing on a model before making an application to a patient. The use of the iodoform solution may be repeated every day or every other day for a week or more. Sometimes other applications may be needed in the proper treatment of the case, but the iodoform will in almost every instance contribute something to the relief of the patient.

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CORRESPONDENCE.

HUNTER'S POINT ODORS—HEALTH OFFICER OF THE PORT—SMALL-POX HOSPITAL—REGISTRATION OF PLUMBERS—ST. JOHN'S GUILD—MENTAL PERVERSION—BELLEVUE HOSPITAL.

NEW YORK, August 28, 1881.

The recent dry and oppressive weather has had its usual influence on the infantile population under five years. Many of them have succumbed to its effects, aided by the disastrous influence which Hunter's Point by reason of its sludge acid factories, exerts on the health of the city. The city has, of course, no control over these, and the monopoly owning them has thus far been able to set at defiance both the State Board of Health and Governor Cornell. The management of the Health Office of the Port is undergoing investigation, it appears that

* See account of my perfected sponge-carrier in the Transactions of the American Medical Association, for 1879, page 459.

while the Health Officer of the Port receives an almost princely salary from the fees of his office, the assistant physician is paid a very meagre salary. The receipts of the office are said to be about ninety thousand dollars per annum, while the expenses are less than three. The City Board of Health have decided to remove the Small-pox Hospital on the lower end of Blackwell's Island to North Brother Island, a small island in the Sound, some distance from the shore, but within easy reach of the city. The present location of the hospital has long been very objectionable for many reasons, chief among which is the fact that it is located in very close proximity to the Charity Hospital and the Penitentiary.

Those lordly specimens of humanity, the plumbers, are now under the jurisdiction of the Board of Health, and complain bitterly of their hard fate at being exposed to the tender mercies of "non experts." Like other delinquents in both the profession and the trades, they have a great contempt for non experts. The Board of Health have adopted the following plan, which seems well worthy of imitation in other cities: Three forms are drawn up; two provide for registration of boss and journeymen plumbers and their agreement to comply with the law; the third is a notice of violation of the law sent to all plumbers doing faulty work in new buildings. The night medical service is now about a year old, and has achieved a fair degree of success. The Floating Hospital of St. John's Guild has been doing good work, taking about three thousand children per week sailing on the bay. The Sea-Side Home at Bath, Long Island has had over two hundred children as occupants since June 20. Each child remains one week. The President's case continues to excite interest, and much condemnation is heard on all sides, of the extent to which the interviewing tendency has been carried. The prevalent medical opinion is averse to the President's recovery. A curious case of mental perversion recently occurred in New York, a laborer, whose father had died but a short time previously, pulled the corpse of a colored man out of a hearse for the purpose of looking at the face; as the patient was perfectly sober it is obvious that he was laboring under a fixed imperative conception, or was a case of necrophilism; the sex of the corpse was somewhat against the latter probability.

The Stock Company started to establish a rival to the New York Medical Record

have organized to the extent of electing trustees, but no editor has been chosen, and the whole matter is therefore as yet in a very inchoate condition. The general medical opinion as to the chances of the success of the scheme is as yet not very decided.

A patient recently died, who was taken to the Middletown, Connecticut Insane Asylum ten days previously. The man conceived the idea that he had a ball of fire in his abdomen, and squandered his property in an alarming manner in his unsuccessful efforts to obtain relief from numerous doctors in and out of town. In the absence of details, it is surmised that he committed suicide. On the Monday subsequent to admission, Dr. Shew, the superintendent, reported him improving. "The lunatic had lost that peculiar look of the eye which insane people have, and he was sleeping well nights. He had also resumed eating, having abstained from food for some time, with the idea that what he ate fed the unquenchable fire that was consuming him." Whether he performed upon himself with a knife the operation which the surgeons refused to do to remove the ball of fire or whether he met his death in some other way is merely a matter of conjecture. But little need be said as to the clinical, prognostic and diagnostic skill of any one claiming to be an alienist who could speak in such a positive manner and for such flimsy reasons of the improvement of what was clearly an incurable type of insanity, hypochondriacal monomania. The case was clearly a suicidal one, and while it is possible the patient perished from some inter-current somatic affection, the general carelessness in regard to these patients displayed in lunatic asylums renders the suicide theory probable.

PLEURO-PNEUMONIC CATTLE AS A DIET.

The daily papers of New York of the 23d of August contain a circumstantial account of a most outrageous custom inaugurated in New Jersey. This State, which among other excellent features, such as its reputation for hanging murderers, and compelling tramps to work, has a State Board of Health, prosecuting a vigorous war against the importation of cattle suffering from Pleuro-pneumonia and Anthracoid affections, has succeeded in nearly eradicating these affections within the State limits. It appears, however, that the veterinary inspectors of this Board are not as careful in seeing

that their orders are carried into effect as they are in scrutinizing the imported cattle and detecting diseases. In many cases the meat of the condemned animals has been used for food, and a company has formed, which utilizes the carcasses of the condemned animals systematically. The meat has been discovered exposed for sale, and in is distinctly intimated that large quantities, are sold at the rate of a few cents a pound to contractors engaged in furnishing the charitable institutions of New York City and New Jersey. If this latter intimation is correct, it will be difficult to properly characterize the behavior of the Commissioners of Charities and Corrections of the Metropolis of this country. While the meat of pleuro-pneumonic cattle is ascertained by the Belgian experts to be entirely harmless when obtained from properly slaughtered and dressed animals, that obtained from surreptitiously removed and oftentimes decayed cadavers, and from animals perishing with anthrax is positively deleterious. Several of the persons engaged in the nefarious traffic alluded to, are down with blood-poisoning, septic, and anthracoid; many of those who have eaten the meat are in a precarious condition, and many a diarrhoeal and febrile endemic in the New York asylums and hospitals may be traceable to the criminal carelessness of the political Commissioners in awarding contracts to incompetent and dishonest contractors. Two years ago a mysterious series of deaths took place in the Hospital for Epileptics and Paralytics, but as a well-known medical plagiarist was intrusted with the investigation, and the latter had himself been conducting investigations or rather experiments on the inmates with Picrotoxin and Nitro-glycerine, it was difficult to locate the source of the affection.

The influence of politics on the management of charitable institutions has always borne bad fruit, but rarely such as is expressed in the the names Brennan, Dufflo and O'Rourke. In speaking of a medical plagiarist it was not my intention to refer to the "translator" of Masse's anatomical atlas. That gentleman has enough to bear without being made to assume the sins of his kindred spirits in other fields than anatomy. For it must be recollected that there are a few more plagiarists in New York who, thanks to the facility with which certain firms lend their names as publishers, for a consideration, are enabled to glut the medical book market.

J.

REVIEWS.

HYDROPHOBIA, by Horatio R. Bigelow, M. D., Philadelphia. D. G. Brinton, 115 S. 7th St., 1881.

This is one of the numerous compendiums with which the book market is being flooded. The author having access to the Army Medical Museum Library, has been able to obtain much literature on this subject that is usually unattainable. The book is somewhat diffuse. The author is among those who believe in tracing everything to the progenitors of the Aryan race, and cites an Aryan physician, Susruta, as having given a full description of the disease one thousand years before Christ. In the chapter on pathology the usual secondary changes of the disease are given. The fourth chapter deals chiefly with the question of diagnosis, the stage of incubation, which is stated to be from five to sixty days, and the average duration of the disease, about four and a half days. Chapter five deals with the question of diagnosis and prognosis. Chapters six, seven and eight discuss treatment. Chapter nine tells how to recognize a mad dog. Chapter ten gives the literary curiosities of the subject. The work closes with the eleventh chapter, which is a summary of the entire subject. While the work is not remarkable for excessive originality, it is likely to be very useful. Considered as a bibliographical production it is not by any means the most ornate or finest specimen possible.

DISEASES OF THE BLADDER AND PROSTATE GLAND, by Walter J. Coulson, F. R. C.S. Sixth edition. Wood's Library of Standard Medical Authors, July, New York: William Wood & Co., 1881; W. T. Keener, Chicago.

When a work on diseases of the bladder has reached its sixth edition in any of the English speaking countries, it is but fair to assume that it must possess some qualities that are of value. The present work is divided into thirty-two chapters. Of these the first is devoted to a consideration of the general anatomy and physiology of the bladder and prostate body, and is comparatively full and explicit. The second chapter, "On the methods of examining the bladder and prostate gland," gives many directions and "points" that will likely be of value. The third, fourth and fifth chapters deal with abnormalities, hernia, and wounds of the bladder, in a very thorough manner

The sixth and seventh chapters take up acute and chronic inflammation of vesical mucous membrane. The eighth chapter discusses acute inflammation of the vesical walls. The ninth chapter examines hypertrophy and atrophy of the bladder, and columnar and sacculated bladder. The diseases of the peritoneal coat of the bladder are considered in the tenth chapter, while the eleventh is devoted to neoplasms of the bladder. The twelfth chapter is a full discussion of vesical fistula. The thirteenth and fourteenth chapters consider the various vesical neuroses. The fifteenth and sixteenth chapters discuss incontinence and retention of urine. The seventeenth chapter is devoted to hæmaturia. Chapters eighteen to twenty-eight are devoted to the consideration of vesical calculus in its chemical, surgical and etiological relations. The remaining chapters are devoted to the prostate gland. The book is one of the most practical and valuable that has appeared in the library for this year. While not possessing the great authority of other works, it contains an immense amount of condensed information on the subject of which it treats. It gives, like most of the English works, full credit to the American surgeons. Like the rest of the Library, it is well issued.

BOOKS AND PAMPHLETS.

- T. Holmes, M. A., London, England. A System of Surgery, Theoretical and Practical. In Treatises by various authors. First American, from Second English Edition. Thoroughly revised and much enlarged, by J. H. Packard, M. D., assisted by a large corps of the most eminent American surgeons. In three volumes, with many illustrations. Volume I., General Pathology, Morbid Processes, Injuries in General, Complications of Injuries, Injuries of Regions. Philadelphia: Henry C. Lea's Sons & Co., 1881.
- Walter Coles, M. D., St. Louis, Missouri. Post Partum Atrophy of the Uterus. Read before the St. Louis Obstetrical and Gynecological Society, May 19, 1881. Reprint from the St. Louis Courier of Medicine, August, 1881.
- D. Maclean, M. D., Oakland, California. Third Annual Announcement of the California Medical College (Eclectic), Oakland, California. Session of 1881-82.
- Charles H. Lathrop, M. D., Lyons, Iowa. The Remedial Properties of Hot Springs, Arkansas. Also a Brief Consideration of the Locality as a Resort for Phthisical Invalids. Read before the Iowa State Medical Society at Dubuque, May, 1881.

George H. Rohé, M. D., 94 South Broadway, Baltimore, Maryland. A Probable Cause of Tardy, Painful Labor, not hitherto recognized. Reprint from The New York Medical Journal and Obstetrical Review, August, 1881.

THE ARMY.

OFFICIAL list of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from July 29, 1881, to August 28, 1881.

Sternberg, Geo. M., Major and Surgeon. Relieved from duty in connection with the National Board of Health, to proceed from Baltimore, Md., to San Francisco, Cal., and report to commanding general Department of California for assignment to duty. S. O. 182, A. G. O., August 10, 1881.

Carson, J. K., Captain and Asst. Surgeon. The leave of absence granted him in S. O. 61, May 31, 1881, Dept. of Arizona, extended two months. S. O. 179, A. G. O., August 6, 1881.

King, Wm. H., Captain and Asst. Surgeon, now awaiting orders at Greencastle, Pa., to report in person to commanding general Dept. of the East for assignment to temporary duty. S. O. 171, A. G. O., July 28, 1881.

Hall, J. D., Captain and Asst. Surgeon. Granted leave of absence for one month, with permission to apply for three months extension, to take effect on final adjournment of G. C. Martial, of which he is Judge Advocate. S. O. 141, Dept. of Dakota, August 4, 1881.

Semig, B. G., Captain and Asst. Surgeon. Granted leave of absence for six months with permission to leave the Dept. of the Platte. S. O. 182, C. S., A. G. O.

Perley, H. O., Captain and Asst. Surgeon. Granted leave of absence for four months. S. O. 178, A. G. O., August 5, 1881.

Gardner, Edwin F., First Lieutenant and Asst. Surgeon. Relieved from duty in Dept. of Dakota, to proceed to Eastport, Me., and on arrival there, report by letter to the Surgeon General. S. O. 171, C. S., A. G. O.

Gardner, E. F., First Lieutenant and Asst. Surgeon. The operation of par. 3, S. O. 171, C. S., A. G. O., in his case, suspended one month. S. O. 177, C. S., A. G. O.

White, C. B., Major and Surgeon. Died at Wilton, Conn., August 10, 1881.

McKee, J. C., Major and Surgeon. By direction of the Secretary of War the leave of absence on Surgeon's Certificate of disability granted in S. O. No. 177, August 19, 1880, is extended three months. Par. 3, S. O. 189, A. O., August 18, 1881.

McClellan, Ely, Major and Surgeon. Relieved from duty in the Dept. of the Columbia, and to proceed to Louisville, Ky., and report by letter, upon his arrival there, to the Surgeon General. S. O. 193, A. G. O., August 23, 1881.

Webster, Warren, Major and Surgeon. Granted leave of absence for twenty (20) days. S. O. 149. Dept. of the East, August 24, 1881.

MORTALITY IN CHICAGO FOR JULY, 1881. ESTIMATED POPULATION, 540,000. Oscar C. DeWolf, M. D., Commissioner of Health. M. K. Gleason, M D., Registrar of Vital Statistics.

ZYMOTIC DISEASES.		ORDER 2—Tubercular.		Congestion—Lungs.....		Cyanosis.....	
ORDER 1—Miasmatic.		Caries of the Vertebrae.....		Emphysema.....		Congenital Debility.....	
Cholera—Infantum.....	441	Hydrocephalus.....		Hydrothorax.....		Congenital Deformity....	
Cholera—Morbus.....	25	Hæmoptysis.....		Laryngitis.....		Dentition.....	
Croup.....	16	Phthisis Pulmonalis.....		Pleuritis.....		Sclerema.....	
Diarrhœa.....	76	Scrofula.....		Pneumonia.....		Umbilical Hæmorrhage...	
Dysentery.....	16	Tabes Mesenterica.....		Pneumonia—Broncho....		ORDER 2—Women.	
Diphtheria.....	22	Tubercular Meningitis..		Pneumonia—Pleuro.....		Childbirth.....	
Entero-Colitis.....	84	LOCAL.		ORDER 4—Digestive.		Hæmorrhage, Post-Partum	
Erysipelas.....	3	ORDER 1—Nervous.		Abscess—Spleen.....		Puerperal—Mania.....	
Fever—Cerebro-Spinal...	26	Apoplexy—Cerebral.....		Cirrhosis—Liver.....		Puerperal Septicæmia....	
Fever—Intermittent.....	1	Atrophy—Brain.....		Enteritis.....		Puerperal Convulsions...	
Fever—Remittent.....	2	Cerebritis.....		Fatty Degenerat'n of Liver.		Puerperal Peritonitis...	
Fever—Scarlet.....	19	Congestion Brain.....		Gastritis.....		ORDER 3—Old Age.	
Fever—Typhoid.....	23	Convulsions—Infantile...		Gastro-Enteritis.....		Debility—Senile.....	
Fever—Typho-Malarial...	4	Dementia.....		Hæmatemesis.....		ORDER 4—Nutrition.	
Measles.....	15	Incephalitis.....		Hernia.....		Asthenia.....	
Measles—German.....	1	Epilepsy.....		Hepatitis.....		VIOLENCE.	
Pyæmia.....	4	Exhaustion.....		Jaundice.....		ORDER 1—Accident.	
Septicæmia.....	1	Hemiplegia.....		Peritonitis.....		Burned.....	
Small-Pox.....	50	Hydrocephalus—Acute....		Stomatitis.....		Crushed by Elevator....	
Whooping Cough.....	15	Laryngismus Stridulus..		Typhlitis.....		Crushed.....	
ORDER 2—Enthetic or Inoculated.		Meningitis—Cerebral....		Ulceration—Stomach....		Drowning.....	
Hydrophobia.....	1	Meningitis—Spinal.....		Ulceration—Bowels....		Exposure.....	
Syphilis—Congenital....	3	Hiccough.....		Ulceration—Bile duct....		Fracture—Skull.....	
ORDER 3—Dietetic.		Myelitis.....		ORDER 5—Urinary.		Run over by Wagon....	
Alcoholism—Chronic....	5	Paralysis.....		Addison's Disease.....		Scald.....	
“ Delirium Tremens...	2	Paralysis—Brain.....		Abscess—Kidney.....		Shock from R.R. Accid't..	
Inanition.....	52	Paralysis—Lungs.....		Bright's Disease.....		“ Surg. Operat'n....	
Purpura.....	..	Paraplegia.....		Cystitis.....		Suffocation.....	
CONSTITUTIONAL.		Softening of the Brain..		Diabetes.....		Wound by Fall.....	
ORDER 1—Diathetic.		Sunstroke.....		Nephritis.....		Wound—Lacerated.....	
Cancer.....	2	Tetanus—Traumatic.....		Ischuria.....		Wound—Gunshot.....	
Cancer—Bladder.....	1	Trismus Nascentium....		Uræmia.....		Poisoned—Lye.....	
Cancer—Bowels.....	1	ORDER 2—Circulatory.		ORDER 6—Generative.		Poisoned—Fly Poison..	
Cancer—Breast.....	2	Aneurism.....		Metritis.....		Murder.....	
Cancer—Face.....	1	Aneurism—Traumatic....		Ovarian Tumor.....		Manslaughter.....	
Cancer—Leg.....	1	Angina Pectoris.....		ORDER 7—Locomotoriy,		ORDER 3—Suicide.	
Cancer—Mouth.....	1	Embolism.....		Osseous.		Drowning.....	
Cancer—Ovary.....	1	Endocarditis.....		Caries—Knee-joint.....		Gunshot.....	
Cancer—Pelvis.....	1	Heart—Organic Disease..		Necrosis—Upper Jaw....		Strangulation.....	
Cancer—Rectum.....	1	Heart—Valvular Disease..		ORDER 8—Locomotoriy,		Poison—Arsenic.....	
Cancer—Spleen.....	1	Heart—Fatty Degenerat'n		Integumentary.		Poison.....	
Cancer—Stomach.....	6	Heart—Hypertrophy.....		Eczema.....		Ill Defined.....	
Cancer—Uterus.....	3	Pericarditis.....		Abscess—Vaccine.....		Unknown.....	
Dropsy.....	1	Syncope.....		Abscess—Perineal.....		Total Deaths.....	
Marasmus—Senile.....	1	ORDER 3—Respiratory.		Abscess—Neck.....		1786	
Marasmus—Infantile....	35	Asthma.....		DEVELOPMENTAL.			
Rheumatism.....	2	Edema Lungs.....		ORDER 1—Children.			
		Bronchitis.....		Atelectasis Pulmonum...			
		“ Capillary.....		2			

WARDS.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Public Insti- tutions.	Total.
Small Pox.....	..	..	..	..	1	3	4	..	..	1	1	..	..	12	..	1	..	..	29	50
Measles.....	..	..	..	..	2	3	..	..	..	..	..	..	..	5	..	2	2	..	..	16
Scarlatina.....	..	2	..	4	2	1	3	2	..	..	..	..	1	4	..	..	..	..	..	19
Diphtheria.....	..	..	..	1	1	1	1	1	4	..	..	..	1	6	1	2	1	2	..	21
Croup.....	..	..	1	..	1	2	2	..	..	1	..	..	1	3	..	1	3	1	..	16
Whooping Cough.....	..	..	..	..	2	..	1	3	1	1	..	2	..	1	1	..	1	1	1	15
Fever—Typhus.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever—Typhoid.....	..	..	2	4	2	..	..	1	..	..	..	1	1	3	3	..	1	..	5	23
Fever—Cerebro-Spinal...	..	1	..	2	3	..	4	1	1	..	3	..	2	6	..	..	1	1	1	26
Fever—Malarial.....	..	..	1	..	2	1	1	..	..	..	..	..	..	..	..	..	..	..	7	..
Diarrhœal Diseases.....	6	13	7	12	82	92	54	46	14	16	15	15	30	127	36	29	26	11	11	642
Other Zymotic Diseases..	1	2	4	2	8	4	4	7	1	..	2	2	5	2	3	3	1	1	21	73
Totals.....	7	18	15	24	106	107	74	61	17	22	23	20	41	169	44	39	36	17	68	909
Phthisis Pulmonalis.....	..	6	1	2	7	1	3	11	3	3	3	3	2	8	8	1	6	2	14	85
Acute Lung Diseases....	..	2	..	1	9	12	9	3	4	1	..	1	2	29	4	2	4	2	2	87

Wards	Popula- tion.	Density per Acre.	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.	Wards	Popula- tion.	Density per Acre.	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.
1	14,765	30.78	10	14	..	12	27,914	12.59	28	54	1.86
2	20,099	51.00	25	44	2.09	13	20,857	14.58	39	56	2.55
3	16,798	38.31	20	38	2.17	14	56,534	18.37	261	314	4.83
4	28,102	26.26	25	47	1.60	15	28,863	33.29	72	101	3.31
5	47,500	16.50	134	173	3.17	16	23,771	44.52	48	63	2.48
6	40,890	9.78	186	208	4.62	17	24,676	64.42	55	74	2.90
7	37,457	26.69	101	129	3.31	18	22,331	40.37	27	44	1.87
8	37,146	57.68	80	116	3.03	Public institutions...			61	125	
9	17,477	60.35	32	48	2.60	By violence.....			6	52	
10	15,754	60.61	30	44	2.59	Unknown.....			..	2	
11	22,364	38.95	29	41	1.74	Total.....			1786		

COMPARATIVE MONTHLY MORTALITY.—June, 1879, 639; June, 1880, 896; May, 1881, 1287; June, 1881 963. Premature Births....23. Still Births.....94. 3.308deaths in 1,000. Annual rate per 1,000, 39.69.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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MEDICO-LEGAL ASPECTS OF THE PRESIDENT'S CASE.—The general attention has been concentrated, almost exclusively on the condition of the President, from one standpoint. The question is likely soon to arise, is in point of fact being agitated, whether the president's condition is such as amounts to inability, in the constitutional sense of that word, to transact business. The determination of this question must ultimately depend on medical opinion. Is the mental condition of the patient such as prevents him from engaging in any species of business conversation, unless under risk of extreme injury? Is the mental condition of the patient such as prevents him from transacting business at all? These are questions likely to be raised, and they should be answered fairly and in an unbiased manner. There are great interests at stake, and the honor of the profession is involved in these matters being decided in a clear, judicial manner. The circumstances surrounding the medical history of the case have not been such as tend to lead to confidence in the attending surgeon. The arbitrary dismissals and acceptances of physicians, presumably by a single individual whose professional character has been involved in various malodorous scandals, are certainly not calculated to create confidence in either the skill or impartiality of the present medical attendant. The ques-

tion raised, whether decided affirmatively or negatively, should be so decided purely on its merits, and the medical profession of the United States owes it to its honor to see that the medical evidence given on either side of the question should be absolutely free from suspicion. The matter could be arranged by sending full, frank statements of the present condition of the President's health to the prominent physicians of every State, with a request for their opinion on this state of things, and on these opinions judgment could be given which would be of value. No publicity would result, and the physicians in charge of the case would have done what is clearly their duty by both their patient and the nation.

INSANE CONTAGION.—It is an old observation, trenching partly on the ground of sociology, and partly on that of morbid psychology, that any special political movement is apt to provoke numerous manifestations of unbalanced mental action and of downright insanity. The chronic presidential candidates, the politicians claiming appointments for services rendered, perhaps imaginary, the wheelbarrow bets made in connection with the elections are all evidences in this direction. It is interesting as illustrating the characteristic egoism of the systematized delusional lunatics, that great events are by them brought into con-

nection with self. When Thomas destroyed over three hundred people at Bremerhaven with a dynamite discharging clock, a hypochondriacal and several other patients imagined that they carried such an apparatus in their own bodies, and were at any moment liable to destroy the asylum. The movement of the Commune seemed to concentrate all the non-incarcerated lunatics of France in both camps at Paris; when the German empire was re-established, the number of asylum emperors increased throughout the land; when Hodel and Nobiling shot at the emperor, a German alienist Claus, found two of his patients who claimed to have known all about and to have anticipated and predicted these events by several years. Now that our own Chief Magistrate has been shot, it so happens for the credit of the Land, by a lunatic, a number of the latter's confrères have taken it into their heads either to repeat the performance, like McNamara and the New York farmer who was about to content himself with a governor as his victim, when he was arrested on the Capitol steps with an old shot-gun in his possession, or to cure the President. A Brooklyn woman was detected in a bathing suit at Washington, and a physician found in New York, both cherishing this delusion. A negro threatening to murder any one who refused to call himself a Garfield man, presented another phase of the same malady. But by far the greater number of the perpetrators of insane projects, have preferred as is customary with this class, to chime in with the popular cry against the assassin. And it is a tragico-comical picture to see a lunatic, presenting exactly the same clinical form of mental derangement as the President's assassin, at the head of a society organized for the purpose of lynching the latter. And another, while presumed guarding Guiteau attempted his (Guiteau's) assassination. This picture is however much less revolting than that of the United States judicial officer, who in the presumably full possession of his mental powers, constitutes himself an

expert in insanity, and pronounces the lunatic Guiteau a sane man. Guiteau should be examined by experts before he is even brought to trial. It is not sound law which permits a lunatic to prejudice his own case, as Guiteau certainly will. He is now evidently about to develop delusions of persecution, and has abandoned the idea of conducting his own defense, and rejected the counsel selected by his own family. The prejudice against Guiteau is so great, and from a political point of view this prejudice is such a healthy sign, that it needs not the Assistant District Attorney's efforts to prejudice the culprit's case. At present it would seem that the delusion of this officer, that he is an expert on insanity, might be classified among the other instances of insane "contagion" now rife in the country.

WHAT CONSTITUTES A GOOD PHYSICIAN.

—The Spectator, a well-known literary journal, says a man can hardly be a good physician without having a considerable share of native scientific ability; and he should also have much of the artist's sensibility to form, color, and expressive motion. The physician, besides actual accomplishments, of which he is likely to have quite enough outside his vocation, is often the most agreeable and well-informed man of the world, in his very large circle. And everything conspires at present to compel or invite the widening of his horizon. To be a really good physician a man must be a psychologist. This does not mean that if he finds in a case of insomnia no obvious cause for the patient's disorder, he should ask the unfortunate man if he has anything on his conscience, embezzlement, for instance. It is well known that Lord Eldon, when plain John Scott, and the lady whom he married, were lovers all their lives. Early in the honeymoon Mrs. Scott fell ill in a strange village, and the local practitioner was sent for. Having, after the usual routine, failed to make out what was the matter with this beautiful lady, he said: "I am afraid, ma'am, there is something on

your mind. You are not happy with your husband?" This was bad practice. There is but little necessity to allude to the dismissal of that doctor. The anecdote only illustrates, in passing, the sense in which the physician must not be a psychologist.

STAB WOUND OF THE NECK and division of the right recurrent nerve, followed immediately by absolute aphonia is reported by Dr. G. T. Lefferts, New York, (*American Journal of the Medical Sciences*, July, 1881). Laryngoscopic examination, three months after the infliction of the wound, revealed absolute paralysis of all the muscles of the right vocal cord, which was motionless. Voice, in a whisper, was obtained by the free motion of the left vocal cord which allowed it to approximate its fellow in adduction, its arytenoid cartilages passing in front of that of the paralyzed cord. That the aphonia was not hysterical, or due simply to fright, was demonstrated by the examination.

SARTORIAL.—The Empress of Austria (*Medical Record*) on one occasion summoned Skoda to see her professionally, and the doctor presented himself at the palace in his ordinary costume, which was at no time over neat. An objection to his admission was raised by an attendant, on account of unsuitable attire. Skoda simply remarked: "If her majesty desires to see my coat, I will go home; but if she desires to see me, she will see me as I am." The doors were thrown open forthwith. Had the Empress of Austria been an American female snob and had Skoda been a younger, less known man, it is probable he would have been sent to the right about, and the American physicians now lauding his independence would have said he was served perfectly right for not paying more attention to external appearances. Had Carlyle been acquainted with these inconsistencies of the American medical profession, some caustic additions might have been made by him to Sartor Resartus.

FINE POINTS.—The extravagant tendency to discover fine points in the differential diagnosis of obscure diseases, has led to the commission of many grave blunders. Their inculcation by the teacher, is apt to render a pupil onesided and narrow, and frequently both teacher and pupil in their feverish search for minute indications lose sight of the broader facts of medicine. This fact alone can explain the promulgation in print of such a patent absurdity, as one recently published by an asylum superintendent in the *Archives of Medicine*, that the tendon reflex presents certain changes in parallelism with the speech disturbances of general paralysis of the insane. Another neurologist in a series of papers published in the *Medical Record*, and in which he condescends to instruct the general practitioner as to the early diagnosis of epilepsy, goes so far as to state that he suspected a localized lesion in one cerebral hemisphere, because there were at times unilateral spasms on the opposite side of the body. There are, however, many general practitioners who are fully conversant with the fact, that unilateral spasms are common in idiopathic epilepsy, and that only an unjustifiable accentuation of "fine points" can explain the tendency to refer this relatively common phenomenon to a localized lesion only.

COMMERCIAL PERUVIAN BARK.—The *Monthly Review* (*Druggist*, August, 1881,) says of Dr. Clevenger's statement about this drug: "This corresponds pretty closely with our own experience, which has been a large one, with the barks of the American market. We recently had samples sent us for analysis from a friend who had bought a case of 'fine red bark' at one dollar and thirty-five cents per pound. The 'red bark' so purchased proved to be not only not red bark at all, but entirely free from quinine, and containing only traces of cinchonidia, and, while a handsome looking bark, was of the grade known as 'rejected barks,' and valued at four cents per pound."

MENTAL SYMPTOMS FROM ISTHMUS DISEASE.—The conventional notion associates all mental disturbances with perversion of the functions of the cerebral hemispheres. This it would be a truism to speak of as a correct belief, but sufficient stress is not laid by modern writers on the fact that the converse, pathologically speaking, of this proposition is not of universal application, namely, that only hemispheric lesions are found where mental symptoms have been evinced during life. It is an old observation, but it has not been sufficiently commented on, that lesions of the Pons, the Crura and Thalami, are accompanied by obliteration more or less complete of consciousness, blurring of the perceptions, confusion in the intellectual sphere, and this in cases where the lesion was not one of such a character as to disturb neighboring ganglia by pressure. Two explanations may be offered for this phenomenon. Either the vaso-motor center for the cortical vessels must be assumed to be under the partial control of isthmus ganglia, and hence that isthmus lesions may by irritation or destruction of this center, excite or paralyse the vascular tubes of certain cortical districts, or it must be concluded that the pathological interruption of the great nerve tracts involves a functional disturbance of cortical end stations. The former explanation would seem rather applicable to cases in which general and widespread mental disturbance, somnolence, excitement or depression are found; the latter to those where the disturbances are partial in character.

It is a well-known fact that if all the avenues of sensory perception are closed, unconsciousness in the way of sleep speedily follows. May not the interruption of the perception tracts be followed by corresponding phenomena of a less extensive nature, when occurring in the isthmus territory? That an irritative lesion in the line of the centripetal tracts can influence cortical life, is amply illustrated by cases of Thalamus lesion, where hallucinations were present. Here the cause of the hal-

lucination is in a lower center, but from all the belief is justified that the entry of the hallucination into the intellectual sphere, can only take place in the cortical termination of that tract, from this point, through the conducting associating tracts it becomes a part and parcel of the patient's ego. The study of the pathology of the great nerve tracts, has been limited of late almost exclusively to the middle and posterior thirds of the internal capsule. It seems to have been forgotten that Meynert traced an enormous division of the crus, directly to the Frontal Lobe and the Lenticular nucleus, and that this portion through the transverse fibres of the Pons was of necessity connected with the cerebellum, and that for other functions are to be located in the cortex, than merely muscular innervation and visual and auditory perceptions, to whose study modern localizationalists are directing their attention so exclusively. The Restiform columns derived from spinal fibres enter the cerebellum, terminating chiefly in its hemispheres, the cortex of the hemispheres is connected by radiatory fibres with the dentated nucleus, which is a recipient of fibres of the auditory nerve. In short, the cortex of the cerebellar hemisphere receives fibres from the sensorial periphery of the body as well as the semi-circular canals, and possibly of the cochlea.

From the primary reception area, the transverse fibres of the Pons originate, and enter the Crus; it is these which according to Flechsig's most recent researches enter the frontal lobe and lenticular nucleus. In no respect does man so much differ from the ape as in the quantitative development of this tract. It is intimately associated with the map of the frontal lobe. There is every reason to consider it the channel of information of the equilibrium, and possibly of the senses of space and time, on which the scope of the mind is closely dependent. It is not at all improbable that lesions in these tracts may disturb these sensations, and that the entire mental architecture may totter with the withdrawal of so important

pillars. Probably the congenital asymmetry of the peduncular tracts observed in certain cases of mental perversion, may not be without a bearing in the explanation of the symptoms of those cases. And this explanation would be adjunct to the theory of mal-development of the associating tracts, recently advanced in explanation of other symptoms of these same states. The day will come when physiologists will not attempt any longer to determine the seat of higher functions in single centers by special experiments, but rather seek to correlate the results of different sets of experiments, and thus demonstrates that complex functions have a complex substratum. Nothing could be more absurd for example, than to speak of "intellectual cells" (Denkzellen) in the cerebral cortex, as Schüle does in Ziemssen's *Cyclopædia*. Simple elements have simple functions, complex functions require a union of numerous simpler elements in a complex combination.

IS GONORRHOEA SPECIFIC?—Dr. P. Albert Morrow (New York Medical Journal and Obstetrical Review) discusses the question of the specific or non-specific nature of gonorrhoea. After a close analysis of the arguments for and against specificity, he concludes that the latter are pure hypothesis, and wholly untenable, while all the facts, experimental, clinical, and pathological, are in favor of the non-specific character of gonorrhoeal inflammation. He claims that when the gauge of specificity is applied to gonorrhoea it corresponds to none of the conditions of an undoubtedly specific inflammation. No artificial production of any disease belonging to this group is possible; a specific disease is the product alone of a specific poison. Gonorrhoea, on the contrary, may be due to a variety of causes, contagious, irritant, mechanical or chemical, diathetic, etc. Again, in all specific diseases there is applied a period of incubation. No incubation, properly so called, characterizes gonorrhoea. A drop of this same gonorrhoeal pus, which may require

two or three days to excite suppuration of the urethra, will develop such effect in a few hours when applied to the conjunctiva, showing that the so-called incubation depends not upon the quality of the exciting cause, but upon the susceptibility of the mucous membrane. Another distinctive peculiarity of this group is that a single attack of the disease confers almost complete security from another attack, a peculiarity precisely the opposite of what is observed of gonorrhoea. The morbid poison of a specific inflammation, once in action, continues until the textural predisposition to its special stimulus is exhausted. The patient is incapable of regenerating the poison or of being affected by it when exposed anew. Both of these conditions are negatived in the clinical history of gonorrhoea. Finally, specific inflammation determines special pathological changes and demands special treatment. Identical pathological processes are met with in urethritis from various causes, and the most radical of virulists treat all urethral inflammations alike. Gonorrhoea, arising from other causes than contagion, is widely different from that so produced, and the variability in the time of incubation is in common with many other indisputably specific diseases. The argument in relation to the action of gonorrhoeal pus on the conjunctiva is of no value, the same thing has been noticed as to the effect of diphtheritic exudation. While Dr. Morrow's argument seems strong, the same logic would deny specificity to diphtheria. The weakest part of his argument is that based on pathology.

ORPIMENT POISONING.—A charlatan, who who treated cancer by introducing substances into the interior of the tumor, having used the means of treatment in the case of a female who had a cancer in the axilla, she was seized by frightful pain, diarrhoea, vomiting, and death eleven days after the operation. Dr. Manondaier (Druggist, September, 1881,) showed that she had been poisoned by arsenic.

NEPHRECTOMY IN URETERO-UTERINE FISTULA.—Credé (*Archiv für Gynäkologie*, Band XIII. Heft 2, 1881) recently reports what he states is the fourth example of extirpation of the kidney for urinary fistula. The cervical canal being dilated with a sponge tent so as to admit a small speculum, a triangular depression was found on the dextral side of the uppermost part of the cervical canal, and from this depression it was clear that the urine escaped. Old evidences of parametritis were found on the right side of the uterus. Attempts to explore the ureter failed. Six hundred grammes of urine escaped from the fistula daily, and five hundred from the bladder. The bladder was evidently intact, for its function was performed in a normal manner. The right kidney was removed and the patient fully recovered. Evidence of interstitial nephritis were found in the removed kidney. The incision is made, in this case two inches further from the median line than in Simon's method, thus avoiding the necessity of injuring the sacrolumbalis muscle and the last intercostal and first lumbar nerves, and avoiding also the necessity of turning the quadratus lumborum muscle to one side. In this class of cases Credé prefers nephrectomy to the formation of a vesico-vaginal fistula with subsequent occlusion of the vaginal outlet, provided the other kidney is sound.

FŒTUS CUT UP IN UTERO.—Dr. George E. Wherry (*British Medical Journal*) reports the following rather remarkable case: A young woman, aged nineteen, consulted a Cambridge chemist named Ransome, and his wife, a professed midwife; and took medicines with intent to produce abortion, but without the desired effect. On December 5, 1880, she was induced by the Ransomes to submit to an operation by a man named Lepper, who came from London. After payment of fifty dollars, he passed up a "silver hook," which "hurt her very much," and blood came away. No witnesses were present. Another similar operation

was performed a few hours later, causing great pain, and some loss of blood. On both occasions she walked a distance of more than a mile to the chemist's shop where the operation was performed. On the evening of December 7, parts of the fœtus passed from her, consisting of the extremities and trunk; the head came away an hour or so afterwards. There was no decomposition; the skin was rosy and firm. The legs were separated from the trunk and upper extremities, and the head severed from the body. The fœtus was about three months old; the head was large; there were indications of the eyelids; the membrana pupillaris was visible; the mouth was open, showing the tongue. The toes and fingers were nearly separate. The nails were commencing. The fœtus having been cut up into pieces in utero at such a period of pregnancy is extraordinary. The instrument used perforated the uterine wall, and so caused peritonitis. The girl was unable to appear when the prisoners were brought up for trial, and, in consequence of some legal flaw, the depositions of the patient herself were not admissible as evidence, and the case against the prisoners rested on the medical opinion that nothing but instrumental interference could have cut up the fœtus in the way described. Lepper and the Ransomes were convicted, and each sentenced to five years penal servitude.

RHEUMATISM AS A CAUSE OF INSANITY.—Kiernan (*Journal of Nervous and Mental Diseases*, April, 1881) finds that rheumatism is a cause of certain psychical changes which may be acute or chronic. The chronic type is characterized by melancholia followed by a condition in which systematised delusions are the predominant feature which is succeeded by a condition resembling progressive paresis. Rheumatism has a temporary good effect sometimes on pre-existent chronic psychoses. The acute form has a good prognosis as regards recovery, but is at times fatal. The chronic form has a bad prognosis.

BLACK ELDER.—Govaerts (Druggist, August, 1881,) has recently discussed this almost forgotten drug. Since the origin of the historical epoch, physicians have ascribed to this drug properties which they have utilized in various diseases. The alleged properties have been largely dependent on its laxative or purgative action. These properties are found to exist in a greater extent in the bark than in the leaves; these latter lose about eighty per cent. of their weight by dessication. Their nauseous and foetid odor disappears, through dessication, as time advances, to give place to a purely herbaceous odor. In relation to pharmaceutical preparations and posology, Govaerts concludes: First: That the succus from the leaves is the best form for the exhibition of the drug, and that it can be administered thus: juice of the leaves of the black elder two ounces, spirits of peppermint, five drops. Second: That the juice of the root produces excellent effects, and may be exhibited in doses of from half an ounce to an ounce, when the preparation is properly performed. Third: That the wine of the fresh root of the drug (thirty to a hundred) is the most agreeable preparation, and is also the most stable. In doses of from half an ounce to an ounce it produces abundant alvine evacuations, accompanied, however, by nausea and vomiting. Fourth: That accelerated temperature exercises the same action on the leaves and the bark, and their preparation; it completely destroys their therapeutical qualities.

ACCLIMATIZATION OF EUCALYPTUS GLOBULUS.—Dr. D. J. Snyder (Ohio Medical Journal, June, 1881,) says concerning this: "One year ago I thought I should be able to report to the Ohio State Medical Society at its present meeting the successful growth in Ohio of the *Eucalyptus globulus*. I am compelled to acknowledge disappointment and failure. I procured seed from New South Wales, and minute instructions how to plant, and had the pleasure, last autumn, of having several plants over two feet in height, with every prospect of complete suc-

cess. The severe winter destroyed every one. Why this should be so, I am as yet not able to demonstrate. The wood of the tree is extremely hard and compact, is capable of a very fine polish, and is indigenous in the island of Tasmania (formerly known as Van Diemen's Land,) which lies south of the Australian continent in latitude 40° to $43^{\circ} 30'$, South, and 140° East from Greenwich. The winters are colder there than in corresponding degrees of North latitude. In summer the heat is more intense, with less rain and moisture. That the eucalyptus can be successfully grown in the Southern States there is no doubt. If any member of the profession would like to make an effort to grow them in this climate, I will cheerfully forward, by mail, pure seed with instructions how to plant." It is to be hoped that Dr. Snyder will repeat his attempt, and that physicians conveniently situated will make similar attempts, availing themselves of his offer.

THE HEART DURING PREGNANCY.—Le Tulle (Archives Générales de Médecine, March, 1881,) in an elaborate paper on the state of the heart during pregnancy, comes to the following conclusions: Physiological cardiac hypertrophy during pregnancy is not absolutely constant and even when present scarcely suffices to explain all the phenomena observed often in pregnancy or even during the lying-in. The displacement of the apex of the heart and the increase of cardiac dullness is due rather to an elevation of the heart by the crowding up of the diaphragm than to hypertrophy of the cardiac muscle. The hypothesis of a temporary dilatation of the cavities of the heart enables a ready explanation to be given of certain phenomena which frequently occur and certainly best explains why venous jugular reflexes, cardiac and vascular soufflés result during anæmia produced by the gravid condition. The various symptoms of cardiac dilatation often diminish after confinement, but sometimes persist after the lying-in period. The

pathogeny of these temporary dilatations of the heart attendant on pregnancy and the lying-in period seems owing to similar causes as the gastro-hepatic cardiac affections. Here the visceral sympathy of the heart is affected by the gravid uterus under the influence of a reflex action which diminished the calibre of the pulmonary artery, and consequently produced the increase of blood pressure. Thus the dilatation of the right heart would be the result of the stricture of the pulmonary artery. The physiological hypertrophy of the left heart frequently combines with dilatation of the right heart to increase the size of this organ. When these two lesions are complicated by the diaphragmatic condition already alluded to, errors of interpretation may result that may lead to serious errors of diagnosis and prognosis. While there is much that is bizarre and fanciful in these conclusions, there is much that is very suggestive.

HOMATROPINE.—Ladenburg has decomposed atropine into tropine and tropic acid. But (Berliner Klinische Wochenschrift, October 11, 1880) for the tropic acid may be substituted benzoic or amygdalic acid and thus will be constituted new combinations which have been called tropeines. Among these substances is oxytoluiltropine, which has received on account of having properties analogous to atropine, the name of homatropine. Homatropine is obtained by the evaporation during two days of equivalent solutions of tropine and amygdalic acid in hydrochloric acid. Homatropine combines with acids to form soluble salts (Galesouski,) and in particular chlorhydrate of homatropia ($C_{32}H_{21}NO_6HCl$) Bromhydrate of homatropine ($C_{32}H_{21}NO_6BrH$) and sulphate of homatropine ($C_{32}H_{21}NO_6SO_4H$). He finds that the amount of dilatation obtained is about equal to atropine.

DR. BRYK, Professor of Surgery at the University of Cracow, Poland, died lately, in his sixty-second year.

CAPACITY OF SPOONS.—Dr. Ed. J. Foster, of Charlestown, Massachusetts, has recently made a series of observations upon the capacity of spoons in common use (New Remedies). He was led to this by a statement made a few weeks before in a society meeting, that about eighty drops was the capacity of a teaspoon, while another gentleman said that many people believe that twenty drops and a teaspoonful are equivalents. For sake of comparison he defines what is meant by "usual amount" and "greatest amount." The usual amount is to be understood as being as much as would ordinarily be taken up, so that the spoon would be full, yet could be moved about without spilling its contents: The greatest amount is as much as could possibly be poured in. The degree of discrepancy is to be accounted for by the differences in shape or flare of the spoons. The liquid measured was water from a faucet. In capacity of teaspoons taken from four different houses, the usual amount was found to vary between fifty and one hundred and twenty-five minims, while the greatest amount varied between ninety and one hundred and forty minims. Similar results were obtained with dessert and tablespoons.

OCULO-MOTOR NERVES.—Math. Duval (Medical and Surgical Reporter) reports the following observations as to the origin of the oculo-motor nerves. The nuclei of the origins of the fourth and sixth pairs of cranial nerves are connected together by bundles of fibres, the arrangement of which explains the complicated physiology of the associated ocular movements. A very marked bundle goes from the nucleus of the third pair to that of the sixth of the opposite side; thus we can understand the simultaneous contraction of the right internal rectus and the left internal rectus and inversely. This bundle is double in the ape; one of its branches enters the nucleus of the patheticus. This nerve, therefore, takes its origin partly from the muscles of the external motor oculi; hence there is

nothing astonishing that it innervates a muscle rotating outward, such as the superior oblique. In movements of lateral inclination of the head, this nerve acts simultaneously with that of the inferior oblique of the opposite side, but in an inverse sense. But the nucleus of the patheticus blends itself with the posterior part of that of the third pair, the point of origin of the motor oculi communis, which innervates the inferior oblique and the patheticus itself, decussating in the valve of Vieussens, passes to the superior oblique of the side opposite to that on which it seems to rise. The simultaneity of action of the two oblique muscles in question is thus explained by the community of origin of their different nerves.

MANIA TRANSITORIA IN CHILDREN.—Reich (Berliner Klinische Wochenschrift) reports four cases of insanity occurring in childhood, equally interesting from a clinical and forensic point of view. The children, after passing four hours on the ice during great cold, entered the house, where they were suddenly exposed to great heat. They immediately presented hallucinations, incoherence and anxiety. This condition was accompanied with a hot head, flushed face, accelerated pulse, but no elevation of temperature. This condition lasted a few hours, after which the children slept, but awaked without any knowledge of what had passed during the attack of insanity.

CATHETERIZATION IN MEMBRANOUS CROUP.—Dr. Thomas Sanctury (Maryland Medical Journal, August 15, 1881) reports a case of croup successfully treated by catheterization of the larynx. The procedure was followed by convulsive efforts of coughing, during which considerable matter was expectorated through the catheter. The catheter was tied in with a tape and removed twenty hours after insertion.

VACCINATION.—Thirty-seven thousand children have been vaccinated by the Health Department of Chicago this year.

RE-VACCINATION OF CHILDREN.—Dr. Alison (Archives Générales de Médecine, June, 1881,) claims that the following classes of children should be re-vaccinated as soon as possible. First: Those children in whom but feebly developed pustules have resulted from the first vaccination. Second: Those in whom but slightly marked scars have been left from the first vaccination. These opinions, although somewhat trite, seem worthy of attention.

HEMERALOPIA IN HEPATIC DISEASES.—Parinard comes to the following conclusions respecting hemeralopia and hepatic disease (Archives Generales de Médecine, April, 1881): First: That hemeralopia is not unfrequently present in hepatic diseases. Second: That it generally appears in attacks of varying duration. Third: That it occurs in chronic affections, especially in cirrhosis, and develops after the hepatic functions have been for some time impaired. Fourth: Icterus does not seem to produce it, but it occurs from a special alteration of the blood, resulting from the physiological functions of the liver being interfered with. Fifth: Hemeralopia in hepatic disease seems to have an exceedingly grave prognostic importance.

A PHYSIOLOGIST IN TROUBLE.—The distinguished physiologist Paul Bert, (New York Medical Record, August 13, 1881,) successor to the chair of Claude Bernard, was recently summoned before the Tribunal of the Seine to respond to an action brought against him by Mme. Greyot. This lady petitioned for sixteen thousand francs damages, asserting that the unendurable howling of Bert's dogs had driven the guests from her establishment. On the part of the defendant it was claimed that, upon complaint, efforts had been made to remedy the evil. Bert had even gone so far as to render the animals mute by operative procedures, which having been demonstrated to the satisfaction of the court, the plaintiff's petition was denied.

EARLY EPILEPSY.—Dr. E. C. Seguin (New York Medical Record, August 13, 1881,) gives the following points of differential diagnosis in early epilepsy. First: After the third year such attacks are very probably epileptic. The possibility of uræmia and of syphilis should be borne in mind, and a careful investigation be made as to their existence. Second: Under the third year the attack may be eclamptic, probably is, but its causes should be carefully judged. Third: In many cases under three years, it is well to give a moderate amount of bromide of potassium, or sodium, with regularity for several months after a convulsion, that is to say, in such cases as do not present an evident, indisputable pathological condition sufficient to cause eclampsia. Fourth: In all cases above three years, the bromide treatment should be at once instituted and kept up for many months. These points while of value, will scarcely render the case a much more positive one. Certainly heredity and cranial malformation should be taken into account, and even the use of bromides is of no great value as a test.

MALARIA IN ASYLUMS.—Dr. John M. Ward, (New York Medical Record, August 13, 1881,) Superintendent of the New Jersey State Lunatic Asylum, comments upon the curious fact that, notwithstanding the great prevalence of malarial and intermittent fevers, in the section of the country where the asylum is located, not a single case of malaria has appeared among the patients in the institution, who numbered last year six hundred and seventy-two. Several attendants and laborers were attacked with the disease, but not one lunatic. The explanation offered is, not that insanity is a protection against malaria, but that the insane patients are never allowed out of doors after nightfall. Exactly the same phenomena were noticed at the New York City Asylum for the Insane, and the explanation given by Dr. Ward although trite, is a very probable one, and is often made mention of in works on malaria.

NAPHTHOL IN THE DERMATOSES.—Kaposi (Wiener Medicinische Wochenschrift, June 1, 1881) claims that naphthol, one of the derivatives of tar, has all the advantages without the defects of that substance. He has had very good results from the use of the following ointment in scabies: naphthol, fifteen parts, lard, one hundred parts; green soap, fifty parts, prepared chalk, ten parts. This ointment is comparatively destitute of odor, and does not stain the skin or clothing. In psoriasis an ointment containing fifteen per cent. of naphthol, was of great service. It has the advantage over chrysophanic acid of not staining the hair or skin. In Eczema squamosum, naphthol, in the form of one-quarter to two per cent. lotion was found to be of great service. One case of erythematous lupus was cured by the drug, but in lupus vulgaris naphthol was of no value. These results should certainly lead to a trial of the drug in the dermatoses mentioned.

TEA AS A THERAPEUTIC AGENT.—Dr. J. A. Sewel (L'Union Médicale du Canada) claims some very remarkable results from the use of enemata of tea in opium poisoning, belladonna poisoning, the excessive ingestion of alcohol by children, and in certain cases of shock. He cites from the experience of other physicians, cases in which tea has had the same effect. Green tea is the kind used; an exceedingly strong infusion is made, and of this eight ounces are given. Further investigation of this use of tea would seem to be necessary, and in the opinion of the therapeutical editor of the Review the enthusiasm of Dr. Sewel is of a nature that tends to somewhat impair the value of his results, which are notwithstanding, worthy of consideration. Very strong infusions of coffee and of green tea have been long used in opium poisoning (H. C. Wood, Therapeutics, p. 215). Recent scientific studies (British Medical Journal, 1874, II., 698, 699), show "that in animals, doses of morphia otherwise lethal, may be successfully combated with thein or caffen."

LOCAL.

CHICAGO BIOLOGICAL SOCIETY.

The inaugural meeting of this society for the season of 1881-1882 was held at the Tremont House, September 7, 1881. The attendance was large, and from the character of the papers presented and the discussions, the session was of more than ordinary interest. In the absence of Dr. Haines, the vice-president, Dr. E. F. Ingals took the chair. Dr. Fenger presented a paper on "The Opening and Drainage of Cavities of the Lungs." Drs. Ingals, Park, and others participated in the discussion. On motion Dr. Fenger was elected a member of the Society. Dr. Lester Curtis then read a paper entitled "A Study of the Blood under Conditions of Prolonged Fasting." Dr. Curtis' paper was based upon examinations of the blood of the alleged faster Griscom. Specimens were obtained on almost every day, and the number of corpuscles to the cubic millimeter estimated, by means of the micrometer. The variations in number amounted to about four million corpuscles. From certain coincidences as regards the increased number of corpuscles on certain occasions, Dr. Clevenger advanced the opinion that on the days on which the increase was noticed, the faster did not fast, but feasted. An especial increase was noticed on the day following a lake excursion taken by the faster. Dr. Clevenger did not think that to lake air alone could the marked increase in red blood corpuscles be due. In conclusion, Dr. Clevenger stated that from the tabular statements presented by Dr. Curtis, it was evident that Griscom's "fast" had not extended at any time over a period of more than three days. This hot shot, as might be expected, created some little excitement. As it was then late, however, a motion was made that the discussion of Dr. Curtis' paper be continued at the October meeting, and that the Society adjourn. After the motion had been put and carried,

the presiding officer reopened the discussion of the paper. It was announced by the Secretary that Dr. Kempster, Superintendent of the Wisconsin State Hospital for the Insane, at Oshkosh, would present a paper at the October meeting of the Society, illustrated by microscopical preparations, etc. The society then, for the second time in one evening, adjourned, to meet October 5.

NEW JOURNAL.—A new semi-monthly journal is announced in Minnesota. "The North Western Lancet," under the editorial care of Professor Jay Owens. The character of the emigration to Minnesota has been such that it soon will afford, if it does not at present, an abundant field for such a journal.

MIGRATIONS OF THE PRESIDENT.—Surgeon-General Barnes is reported as saying September 5, in answer to an inquiry whether the President would be moved anywhere after he left Long Branch, "Probably to Mentor, where he will find a final resting place."

PATHOLOGICAL.—One of the local societies has changed its name to the "Pathological Society." As the society in question has been for some time in a pathological condition would not the change of name seem to be very appropriate?

ASIATIC CHOLERA is raging at Aden, the British steamship port on the Red Sea, and this locality of the disease will render many precautions necessary to prevent it being brought to Europe and thence here.

LOQUACITY.—Dr. Agnew says that when he leaves Dr. Bliss, he (Bliss) is immediately surrounded by twenty newspaper men, and adds: "He is willing to talk to them at all hours of the day or night."

MR. MACCORMAC, the Secretary-general of the late International Medical Congress, is to be knighted.

ORIGINAL CONTRIBUTIONS.

POISONED WOUNDS AND ZYMOTIC DISEASES.

The Value of Iodine in their Treatment.

BY H. P. GAUTHIER, M. D., ST. PAUL, MINNESOTA.

A short time ago I published in the Chicago Medical Review an article on the use of iodine in diphtheria. The treatment therein described seems not to have been thoroughly comprehended by many, as I have received numerous letters of inquiry on the subject. For the purpose of rendering my system of treatment more comprehensible, I propose in the present article to take up the use of iodine, not only in diphtheria, but also in other zymotic diseases.

I do not make a positive diagnosis of diphtheria until I have found the characteristic diphtheritic exudation. The place on which this appears is painted with tincture of iodine or iodine paint. This painting is done at least twice a day until every particle of the exudation is destroyed.

The general treatment, if the patient be an adult, is ten to twelve drops of the decolorised tincture of iodine, or eight to ten drops of the common tincture, if the former is not at hand, in a little water. And such doses are given every hour until the fever disappears, as it generally does within twelve to twenty-four hours. After that time the same doses are given every two hours, and after a while every three hours until the patient is fully recovered. No treatment otherwise. Castor oil if needed. By this very simple treatment I maintain that diphtheria is easily managed. The only trouble is how to apply, sometimes, the local throat treatment.

As a rule I would say the treatment of diphtheria with iodine gives better results than ague with quinine. I have certainly been much better pleased with the former than with the latter. Diphtheria treated early will yield sometimes within twenty-four hours. The worst cases have never lasted in my experience more than eight days. I do not consider a case desperate until there is dyspnoea accompanied with cyanosis. I do not believe in the existence of cases that kill the patient at once. I have examined many such and found by the throat that the disease had been present several days. I have treated as many as seven and eight at a time in the same building. I have

treated diphtheria in Louisiana, in Manitoba, in Illinois and in Minnesota, and I have had much about the same results in the disease everywhere since 1865, the time when I adopted my present treatment.

The way in which I came to use iodine in diphtheria is as follows. Twenty-eight years ago, I went with a French party to establish a settlement in Iroquois County, Illinois. The county was literally alive with serpents, and fevers were very prevalent. The prairie rattlesnake figured prominently, consequently rattlesnake bites were of frequent occurrence. Such bites were almost sure death to man and hardly ever failed to kill horses or cattle. I tried ammonia and other remedies without avail. I then heard of the experience of Dr. Brainard of Chicago, on local application of iodine by absorption under a glass tube, as described in the United States Dispensatory. I tried it without result. On dogs it was a success, for the reason that dogs, as a rule, recover anyway from a rattlesnake's bite, although they swell to an enormous size. I tried iodine internally and simply painted the bitten parts frequently with tincture of iodine, and covered them up with an emollient poultice, when possible, which proved to be perfectly successful. Since that time I have never lost a case by rattlesnake bites. I have treated men, women and children, have treated them early and late; when they were swollen all over the body, when the eyes were glassy, sometimes when they were vomiting blood and apparently in the throes of dissolution, and they would recover and do it quickly, so much so that I concluded it was never too late to treat a prairie rattlesnake bite. Allow me to cite two examples. Two children, one American, the other French, both of them ten months old, were bitten, at one year interval between each case. The history of one case will tell the story for both, as they are identical. A child ten months old had been left alone in the yard in the afternoon. In the absence of the mother a rattlesnake came and bit the child on both hands ten or twelve times. I saw the case about one hour after the accident. The child had turned blue all over from head to foot; there was but a small spot of natural color half the size of the hand between the shoulders. I had given an unfavorable prognosis with such cases, but nevertheless it recovered very quickly. I do not remember to have found it necessary to treat a

rattlesnake bite longer than a consecutive period of two days.

The colony lost so heavily in horses and cattle by rattlesnakes that I was prevailed upon to try my hand upon them. I had a lay assistant who managed to give his patients about one dessertspoonful of tincture iodine properly diluted, and paint iodine over the bitten parts, but no poultice. They all recovered, commonly within twelve hours. I have successfully treated at least one hundred and fifty men and about one hundred to one hundred and fifty animals for rattlesnake bites.

Diphtheria and rattlesnake bites are classed by some authors as analogous diseases. Here I may be allowed to give to the medical public some little experience I have had with the so called zymotic diseases. Eight or nine years ago, in Aurora, Illinois, a farmer, while cutting green stalks of corn, cut himself very slightly over his knee. He did not mind that for several days, but all at once, finding it very painful, he concluded to come to me himself, a seven miles' trip. He ordered his horses, and went in an upper room to dress himself. But before his horses could be harnessed, he was taken with such pain as to be unable to move or be moved. They sent for me in a hurry. When I arrived I found the patient almost insane with pain, he could not allow the people to walk on the ground floor of the house. The cut on his knee was small, not deep. It did not look much inflamed. His lips and nose were white and cold, no swelling worth mentioning. I applied iodine to the cut, covered it up with an emollient poultice and gave pretty frequent doses of iodine internally. In two hours the man was comparatively easy, he could be undressed, brought to the main story of the house, and speak instead of howl. Four days after, he rode to my office and I closed the cut on his knee with a strip of plaster; no further trouble.

Six years ago, while in Saint Paul, a man aged fifty, strong and hearty, came to me, for malignant pustule. I treated him with iodine locally and generally, beside emollient poultice, and he fully recovered. Five years ago I was sent for a weak anæmic little girl five years old. The right side of her face was hideously swollen, but not red. From the chin to roots of the hair appeared a small brown track that looked exactly like the chain stitch of a sewing machine. The family claimed it

was the result of the bite of a poisonous spider. I applied locally and gave internally the iodine treatment; she recovered well, but not near as rapidly as the cases of rattlesnake bite. One of my daughters, aged twenty, had the same misfortune of being bitten on the hand by a spider, she got well, but not rapidly. Six years ago a man, while handling ice, cut his hand lightly with the ice tongs. The next day he felt deathly sick. Two hours after, I was at his bed-side; he was perfectly unconscious, and was a well marked case of tetanus. I gave him an hypodermic injection of decolorised tincture of iodine, and painted very freely and frequently the scratch on his hand with the tincture of iodine, covering it up with a poultice. After a while he recovered his senses to a certain extent. I then injected, into his mouth with a small rubber syringe, some tincture of iodine properly diluted, and by that means gave pretty free doses. On the second or third day the contractions of the muscles began to give away, on the fourth day he came on foot to my office to pay me his respects. He has never experienced any further trouble. I do not claim that these last few isolated cases will constitute proof that iodine is a specific in all such diseases, but it may be well to try; particularly in such cases as do not admit of treatment in the present state of medical science. Why not try the same treatment in rabies canina? It would not be a new thing in syphilis. It seems well worth trying in dissection wounds. As for diphtheria and prairie rattlesnakes' bite it is not a theory but a certainty.

"ABUSE OF ALCOHOL."—The Nebraska State Medical Society, according to a recent resolution, "deprecates the abuse of alcohol in any manner except for medicinal purposes." It would appear that by its "abuse of alcohol for medicinal purposes" the Nebraska State Medical Society, means the use of champagne at State Medical Society dinners, for the resolution, prior to its amendment by the clause "except for medicinal purposes" was regarded as a reflection on the Nebraska Medical Society for using too much champagne at its dinners.

DR. LLOYD HOWARD, resident physician of the Baltimore Quarantine, was accidentally drowned.

CORRESPONDENCE.

*INTERNATIONAL MEDICAL CONGRESS
—AMERICAN MEMBERS—PRESI-
DENT'S ADDRESS—"SCEPTICISM
IN MEDICINE"—MEDICAL LIT-
ERATURE—TEN YEAR'S
CHANGES IN SURGERY—
PASTEUR'S RESEARCH-
ES—BIOLOGY AND
MEDICINE.*

LONDON, August 20, 1881.

The opening of the International Medical Congress has been attended by many auspicious circumstances. The weather has been fine. The programme well laid out. The principal officers of the Congress have shown an eminent fitness for their positions. The German members of the congress have been exceedingly numerous. The American members find themselves peculiarly at home. Among those noticeably present, and taking at times a prominent part in the discussions of the congress and social meeting following its temporary adjournment, are, Dr. J. G. Adams, New York; Dr. Fordyce Barker, New York; Dr. R. Battey, Rome, Ga.; Dr. G. M. Beard, New York; Dr. Bigelow, Boston; Dr. J. S. Billings, Washington, D. C.; Dr. F. H. Bosworth, New York; Dr. E. Bradley, New York; Dr. R. B. Cole, San Francisco, Cal.; Dr. Austin Flint, New York; Dr. Gaddy, Lovett, Indiana; Dr. G. Grant, New York; Dr. C. G. Gray, Ironton, Ohio; Dr. S. G. Gross, Philadelphia, Penn.; Dr. Gunn, Chicago; Dr. E. C. Harwood, New York; Dr. Wm. A. Haskell, Alton, Illinois; Dr. I. M. Hays, Philadelphia, Penn.; Dr. Hodgen, St. Louis, Mo.; Dr. J. L. Hutchison, Brooklyn, N. Y.; Dr. J. N. Hyde, Chicago, Illinois; Dr. R. N. Isham, Chicago, Illinois; Dr. S. J. Jones, Chicago, Illinois; Dr. C. H. Leale, New York; Dr. J. S. Little, New York; Dr. McKee, Cincinnati, Ohio; Dr. H. O. Marcy, Boston, Mass.; Dr. A. Mason, Boston, Mass.; Dr. H. A. Martin, Boston, Mass.; Dr. De L. Miller, Chicago, Ill.; Dr. P. F. Mundé, New York; Dr. F. N. Otis, New York; Dr. R. C. M. Page, New York; Dr. N. J. Pittman, Tarborough, N. C.; Dr. D. Prince, Jacksonville, Illinois; Dr. A. S. Purdy, New York; Dr. H. B. Rausmer, Burlington, Iowa; Dr. D. S. Reynolds, Louisville, Ky.; Dr. J. O. Roe, Rochester, N. Y.; Dr. T. F. Rumbold, St. Louis, Mo.; Dr. H. B. Sands, New York; Dr. T. S. Satterthwaite, New York; Dr.

J. C. Smith, New York; Dr. J. R. Taylor, New York; Dr. J. M. Toner, Washington, D. C.; Dr. Waterman, Indianapolis, Ind.; Dr. D. W. Yandell, Louisville, Ky.; Dr. N. S. Davis, Chicago, Ill.; Dr. M. A. Pallen, New York; Dr. H. C. Wood, Philadelphia, Penn.; Dr. J. W. S. Arnold, New York.

The delegates during the entire meeting were overwhelmed by hospitality from all sides. The officers of the Congress kept open house, and there were numerous private entertainments exclusive of those laid down on the official programme. English, French, German and Italian were all spoken at the congress, and at times the oratory reminded one of that occasion in New York when Othello was played in three languages at one time by Booth, Bogumil Dawison the German tragedian, and Salvini the Italian. Abstracts of the papers were however provided in the leading languages, and these were of great service. The register of the Congress shows three thousand names, but this by no means gives an idea of those in attendance. The opening of the Congress was somewhat delayed waiting for the Prince of Wales, who in turn was delayed by the Crown Prince of Germany. The meeting was at length called to order by Sir William Jenner, who made the usual laudatory remarks about the goodness of the Queen in becoming patroness of the Congress, and the kindness of the Prince of Wales in honoring himself by opening it. The Prince made a speech that would not have disgraced third rate American politicians. Sir J. R. Bennet moved to appoint (prior to this speech) Sir James Paget President, and Mr. William M'Cormac Secretary General, and the various nominees Vice-Presidents of the Congress. Dr. Donders, of Utrecht, then congratulated the meeting on the opportunities it offered for good honest scientific work. Sir James Paget, after alluding to the benefits to be derived from things strongly denounced by those measuring everything by a narrow ideal of practicality and speaking of the responsibilities of the profession, said in conclusion:

"The best work of our International Congress is in the clearing and strengthening of the knowledge of realities; in bringing, year after year, all its force of numbers and varieties of minds to press forward the demonstration and diffusion of truth as nearly to completion as may, from year to year, be possible. The progress of science must be as that of life. It sounds well to speak of

the temple of science and of building and crowning the edifice. But the body of science is not like any thing of human work, however beautiful; it is as it were something living, capable of development and a better growth in every part. For, as in all life the attainment of the highest condition is only possible through the timely passing by of the less good, that it may be replaced by the better, so it is in science. As time passes, that which seemed true and was very good, becomes relatively imperfect and the more nearly perfect takes its place.

"We may read the history of the progress of truth in science as a palæontology. Many things which, as we look far back, appear like errors, monstrous and uncouth creatures, were, in their time, good and useful, as good as possible. They were the lower and less perfect forms of truth which, amid the stifling atmosphere of error, still survived; and just as each successive condition of the organic world was necessary to the evolution of the next following higher state, so from these were slowly evolved the truths which we now hold.

"This thought of the likeness between the progress of scientific truth and the history of organic life may give us all the better courage in a work which we cannot hope to complete, and in which we see continual, and sometimes disheartening, change. It is, at least, full of comfort to those of us who are growing old. We, that can read in memory the history of half a century, might look back with shame and deep regret at the imperfections of our early knowledge, if we might not be sure that we held and sometimes helped onward, the best things that were, in their time possible, and that they were necessary steps to the better present, even as the present is to the still better future. Yes, to the far better future; for there is nothing in nature more certain than the upward progress of science. We may seem to move in circles, but they are the circles of a constantly ascending spiral; we may seem to sway from side to side, but it is only as on a steep ascent which must be climbed zigzag. In the certainty of this progress, the great question for us is, what shall we contribute to it? Let us always remind ourselves of the nobility of our calling. I dare claim for it, that among all the sciences, ours, in the pursuit and use of truth, offers the most complete and constant union of those three qualities which have the greatest charm for pure and active minds; novelty, utility and charity. Let us

resolve to devote ourselves to the promotion of the whole science, art and charity of medicine. Let this resolve be to us as a vow of brotherhood; and may God help us in our work."

This address was eminently fitted to arouse the enthusiasm of a scientific body. Professor Virchow delivered the next address at the afternoon session, on "The Value of Experimental Pathology," which was an able, eloquent and impartial plea for vivisection, as an aid to scientific progress, well fitted to be heard in the English metropolis where an antivivisection cant has such power. On the second day in the general meeting, the address on

"SCEPTICISM IN MEDICINE,"

which was to have been delivered by Dr. Maurice Raynaud, was read by his friend Dr. Féréol. The scepticism denounced by Dr. Raynaud, was the tendency to accept in a Gradgrind spirit, facts, and facts only. He said in conclusion, "The patrimony that each generation bequeaths to that which comes after is twofold; it is of a relative nature in part, and of an absolute in part; neither are to be disdained." He quoted from Claude Bernard the distinction between the "sceptic" and the "doubter;" the one believing in himself but doubting science, the other doubting his own powers but accepting the guidance of science. On the fourth day, Dr. J. S. Billings, of Washington, D. C., delivered the address before the meeting, on

"MEDICAL LITERATURE."

After a few general remarks, he said: "It appears that one-thirtieth of the world's literature is made up from medicine and the allied sciences. Our medical literature now forms a little over one hundred and twenty thousand volumes, properly so-called, and about twice that number of pamphlets, and this accumulation is now increasing at the rate of about one thousand five hundred volumes and two thousand five hundred pamphlets yearly.

"Let us consider the character of this annual growth somewhat in detail, first giving some figures as to the number of those who are producing it. There are at the present time, scattered over the earth, about one hundred and eighty thousand medical men, who, by a liberal construction of the phrase, may be said to be educated, that is, who have some kind of a diploma, and for whose edification this current medical literature is produced. Of this number about eleven

thousand six hundred are producers of or contributors to this literature, being divided as follows: United States, two thousand eight hundred; France and her colonies, two thousand six hundred; the German Empire and Austro-Hungary, two thousand three hundred; Great Britain and her colonies, two thousand; Italy, six hundred; Spain, three hundred; all others, one thousand. These figures should be considered in connection with the number of physicians in each country; but this I can only give approximately, as follows: United States, sixty-five thousand; Great Britain and her colonies, thirty-five thousand; Germany and Austro-Hungary, thirty-two thousand; France and her colonies, twenty-six thousand; Italy, ten thousand; Spain, five thousand; all others, seventeen thousand. It will be seen by these figures that the number of physicians who are writers is proportionately greatest in France and least in the United States. In France, this is largely due to the requirement of a printed thesis for graduation, which adds between six and seven hundred annually to the number of writers. Excluding popular medicine, pathies, pharmacy, and dentistry, all of which were included in the figures for the annual product just given, we find that the contributions to medicine, properly so-called, form a little over one thousand volumes and one thousand six hundred pamphlets yearly.

"For 1879, Rupprecht's 'Bibliotheca' gives as the total number of new medical books, excluding pamphlets, periodicals, and transactions, four hundred and nineteen, divided as follows: France, one hundred and eighty-seven; Germany, one hundred and ten; England, forty-three; Italy, thirty-two; United States, twenty-one; all others, twenty-six. These figures are too small, especially as regards Great Britain and the United States. The 'Index Medicus' for the same year shows by analysis that the total number of medical books and pamphlets, excluding periodicals and transactions, was one thousand six hundred and forty-three, divided as follows: France, five hundred and forty-one; Germany, three hundred and sixty-four; United States, three hundred and ten; Great Britain, one hundred and eighty-two; all others, two hundred and forty-six. This does not include the inaugural theses, of which six hundred and ninety-three were published in France alone. The special characteristics of the literature of the present day are

largely due to journals and transactions, and this is particularly true in medicine. Our periodicals contain the most recent observations, the most original matter, and are the truest representations of the living thought of the day, and of the tastes and wants of the great mass of the medical profession, a large part of whom, in fact, read very little else. They form about one-half of the current medical literature, and in the year 1879 amounted to six hundred and fifty volumes, of which the United States produced one hundred and fifty-six; Germany, one hundred and twenty-nine; France, one hundred and twenty-two; Great Britain, one hundred and fifty-four; Italy, sixty-five; and Spain, twenty-four. This is exclusive of journals of pharmacy, dentistry, etc., and of journals devoted to medical sects.

"The total numbers of volumes of medical journals and transactions of all kinds was, for the year 1879, eight hundred and fifty, and for 1880, eight hundred and sixty-four. The figures for 1880 are too small, but the real increase is slight. During the year 1879, the total number of original articles in medical journals and transactions which were thought worth noting for the 'Index Medicus' was a little over twenty thousand. Of these there appeared in American periodicals, four thousand seven hundred and eighty-one; in French, four thousand six hundred and eight; in German, four thousand and twenty-seven; in English, three thousand five hundred and ninety-two; in Italian, one thousand two hundred and ten; in Spanish, seven hundred and three; in all others, one thousand two hundred and forty-eight. The figures for 1880 are about the same. It will be seen that at present more of this class of literature appears in the English language than in any other, and that the number of journal contributions is greatest in the United States. The actual bulk of periodical literature is, however, largest in Germany, owing to the greater average length of the articles. With regard to the mode of publication, I will only say that in all countries, except Spain, the greater number of medical periodicals are monthly, while in Spain they are semi-monthly. It is this periodical literature which, more than anything else, makes medicine cosmopolitan, and although as regards new discoveries or methods of treatment it is still somewhat farther from London or Berlin or Paris to New York, than it is from New York to

either of these places, the discrepancy is gradually becoming less. Many of the medical journals are short-lived, but the total number is increasing. In 1879, twenty-three such journals ceased, but sixty new ones appeared, and in 1880 there were twenty-four deaths and seventy-eight births in this department of literature. Over one-third of this fluctuation occurs in the United States alone, France being next in the scale, Spain third, and Italy fourth, while Great Britain is the most stable of all.

"This merely quantitative classification gives of course no idea as to the character of the product. Let us now consider it by subjects. During 1879 there were published one hundred and sixty-seven books and pamphlets and one thousand five hundred and forty-three articles relating to anatomy, physiology, and pathology, that is, to the biological or scientific side of medicine. Dividing this again by nations, we find that Germany produced a majority of the whole, France being second. The proportionate production by nations of this class of literature is perhaps better shown by an analysis of the bibliography of physiological literature for the year 1879, as published by the Journal of Physiology. This shows fifty-nine treatises and five hundred articles in German; seventeen treatises and two hundred and twenty-seven articles in French; five treatises and seventy-seven articles from Great Britain; eight treatises and forty-one articles from Italy; and two treatises and twenty-four articles from the United States. The number of authors for this product was: German, three hundred and seventy-three; French, one hundred and nineteen; English, fifty-nine; Italian, thirty-nine; United States, nineteen; all others, forty-one. For the year 1880 the same journal reports sixty-two treatises and four hundred and fifty-two articles from Germany; twenty-three treatises and two hundred and sixteen articles from France; twelve treatises and seventy-six articles from Great Britain; four treatises and fifty-one articles from Italy; six treatises and twenty-five articles from the United States; and ten treatises and thirty-one articles from all other countries. When we return to the literature of the art, or practical side of the profession, the figures are decidedly different. We find over one thousand and two hundred treatises and eighteen thousand journal articles which come under this head, and the order of precedence of countries as to

quantity is: France, United States, Germany, Great Britain, Italy, and Spain. A marked increase has occurred in the literature of hygiene during the last two years, and this especially in England, France, Germany, and the United States. The literature of diseases of the nervous system, of ophthalmology, otology, dermatology and gynecology is also increasing more rapidly than that of the more general branches.

"The editors of Transactions of Societies, whether these are sent to journals, or published in separate form, often commit numerous sins of omission in the matter of titles. The rule should be that every article which is worth printing is worth a distinct title, which should be as concise as a telegram, and be printed in a special type. If the author does not furnish such a title it is the editor's business to make it; and he should not be satisfied with such headings as 'Clinical Cases,' 'Difficult Labor,' 'A Remarkable Tumor,' 'Case of Wound, with Remarks. The four rules for the preparation of an article for a journal will then be: First, have something to say; Second, say it; Third, stop as soon as you have said it; Fourth, give the paper a proper title."

The address was listened to with great interest, and it was the universal remark that for one dealing with a statistical subject, Dr. Billings seemed endowed with unusual ability to arrest and retain the attention of his hearers.

Professor Volkmann, of Halle, Saxony, then delivered the next address.

"GENTLEMEN: I have undertaken to make an attempt to sketch a hasty picture of the changes in surgery during ten years. Problems thousands of years old have been solved, or are approaching a definite solution; the desires of our fathers have been fulfilled beyond their hope of expectation. But all our practice and theories have been also fundamentally altered. The position of our science, the position that we ourselves occupy toward invalids, have become entirely different. And this revolution, in the midst of which we still stand, although the first wave has exhausted itself, has been called forth by the one incontestable fact, that all those countless and incalculable disturbances by which the wounds, and hence also the life of those operated on or wounded, are threatened, are only the consequences of particular processes of decomposition of the animal fluids here brought

about by the intrusion of lower organisms. By rescuing from the domain of chance the results of our labors, as far as they depend on operations and the treatment of wounds, and this will always remain the chief and especial work of surgery, the antiseptic method has elevated surgery to the rank of the least experimental science.

But never has a discovery been made in surgery which has even approached this in its benefits to humanity in general. Many thousands of human beings have in the short space of time that has elapsed since then, preserved life and limbs, and been spared pain and a long confinement to a sick-bed; and millions will yet share in these benefits, for the principles of the antiseptic treatment of wounds will never again be abandoned so long as the whole of our knowledge is not lost, no matter how our art or the points of attack may change. Perhaps we may some day succeed in treating injured limbs simply in heated or filtered air, or may learn to strengthen the living power of resistance of the tissues and organs so that they can of themselves resist the action of those invisible enemies. The protection afforded by vaccination makes it appear possible that in this, also, new paths are opening out to us.

England may be proud that it was one of her sons whose name is inseparably connected with this the greatest advance that surgery has ever made. Without envy, other nations may yield her the crown; for the long and silent labor which made the ripening of the seed possible, which we now reap so quickly and fully, was quite international; and especially France and Germany took part in it in an equal degree. Nor did any one more fully recognize the importance of those who worked before him than Mr. Joseph Lister.

I consider the direction given by Stromeyer and Pirogoff, especially for gunshot-wounds, and in their time, perfectly justified, never to probe a fresh wound, is here carried out to actual nihilism, and to our shame proofs are given that with passive looking on, and the renunciation of quick healing by first intention, with good cicatrizing the results were, on an average, better than in all active methods of treatment practised up to that time. Gentlemen, I wish not to be misunderstood. I do not mean that open treatment of wounds which is at this day employed in the most efficacious manner, in combination with strictly antiseptic measures, where the locality or serious dis-

turbances already caused in the wound do not permit of the usual appliances, or when, finally, after an operation performed with all the means of protection which modern surgery affords us, we may so safely count upon a healing by first intention that further measures seem unnecessary. I will also point out that the German surgeon who first employed the open treatment of wounds, and gave it its name, and achieved excellent results with it, Burow, introduced in connection with it a remedy which we now know as one of the strongest antiseptics: i. e., the *argilla acetica*. But I speak of that open treatment of wounds which, rejecting all the attainments of modern surgery, was so emphatically lauded as a special method to be preferred to all other modes of treatment.

In speaking of the open treatment of wounds, I have touched on the opposition which the new doctrine at first met with on so many sides. Even in science great changes cannot be brought about without injury to numerous individual interests; but I insist that nowadays no serious opposition exists; that there is no surgeon who would dare, at the operating-table, or in the treatment of the wounded, quite to renounce antiseptic methods; who calmly and with a good conscience would treat the paths in which, fifteen years ago, we all followed like sheep. Even the most obstinate have had to give way to the great principles of the new era, and often in a much higher degree than they acknowledge to themselves or others, the necessity not only of the disinfection of hands, sponges, instruments, and bandages, but also the necessity of a primary disinfection of fresh wounds, is, I believe, universally acknowledged.

We may therefore say without exaggeration that the old statistics of surgery were of no use, but only did harm, and we may oppose to their sad, unsatisfactory figures, the simple demand that no person should die of an injury unless its severity directly threatens his life, and that no person injured or operated on should perish through a secondary inflammatory developed from the wound.

And if we compare our former with our present results, we find a difference like that between day and night, the feeling of a great victory after long and severe defeat;

· NOTE.—The remainder of the proceedings of the Congress, on account of its length will have to be deferred to the next number.—Editor.

THE PRESIDENT'S CASE AND DR. HAMMOND—TYPHUS FEVER—DR. MCILVAINE—BELLEVUE HOSPITAL—ANEURISMS—HELLEBOREIN.

NEW YORK, September 15, 1881.

Some remarkable rumors having appeared in the daily papers concerning the recent movements of the Ex-Surgeon General of the Army, Dr. Hammond, your correspondent, pursuant to his general instructions, ventured to "interview" the doctor in reference to them. One of the metropolitan journals had stated that a hoax had been played on Dr. Hammond, and that he with Dr. Weir, went around looking for a special train which was to convey them to Washington, the Secretary of War and Mrs. Garfield having decided to change the medical staff and place the President's case in Dr. Hammond's hands. The truth of the matter was subsequently stated, and Dr. Hammond's version of the affair with, however, some embellishments on the part of the reporters, became known.

The plain facts ascertained by your correspondent are as follows: A plausible looking, well-dressed and very intelligent gentleman, now in jail, and who had succeeded in duping numerous officers of the custom-house with the aid of a neat card, carrying his official designation as inspector of the custom-house, drove up to Dr. Hammond's residence in a coupé, and requested the Doctor to see the Secretary of War at the Fifth Avenue Hotel that afternoon, when there would be a conference in regard to the President's case. Dr. Hammond stated that it was remarkable that Mr. Lincoln had not written to him, but this was met by a very ingenious and plausible explanation. The man then begged Dr. Hammond for some nerve sedative, probably supposing that the Doctor would leave the room, when he might pocket the Doctor's daily receipts, which the latter leaves on his table. These facts were known to the fraudulent inspector through the garrulity of the newspaper reporters. Fortunately the Doctor had some coca in the office and gave him that. The man then thanked him, and as he left asked the name of some good surgeon competent to take charge of the President. Dr. Hammond mentioned Dr. Weir, and wrote Dr. Weir a note which the perpetrator of the swindle was to take to the latter. Dr. Hammond, who had every reason to suppose the matter urgent and

genuine, and besides being, as it were, bound to appear before his superior officer, went to the Fifth Avenue Hotel, met Dr. Weir there, found it was a hoax and went home again. Probably ninety-nine of one hundred men would have been deceived in the same way. The man's address must have been very reassuring, when it is borne in mind that he succeeded in defrauding numerous custom-house officers, a class of men whose eye-teeth are generally supposed to be cut, to use a common-place.

Dr. Hammond was very strong in his expressions upon the manner in which the treatment of the President's case has been bungled, and your reporter left him with the conviction that he was correct in his strictures. He also stated that the threat of a court-martial for having spoken disrespectfully of his superior officer, Dr. Barnes, was absurd, if for no other reason than because he was Dr. Barnes' superior officer. He showed your reporter an army list, which proved his claim. He distinctly asserted that he had never concealed his opinion about the present Surgeon General, and if it ever came to a trial, the question would be, as to which one had first passed strictures on the other. He knew that his own were correct and just, and that it would have been folly to suppress them.

In imitation of the medical journals the Graphic gives the following synopsis of the President's case: 'The ball has not been found. A 'distinguished physician' says that it is probably inside of the President. The President is cheerful and determined to recover. A 'prominent physician' says that he will certainly recover. Another says he certainly will not recover. The course of the ball is unknown. But it perforated the liver. There have to-day been dark forebodings concerning the President. He is not so well. It is asserted that he has really been in great danger during the last three days. Secretary Blaine's face wears an anxious look. The ball did not go through the liver, it grazed it however. The strongest hopes are entertained of the President's recovery. The ball has been located. It lies peacefully near the right iliac region. Another incision was made in the President to-day. More tubes to facilitate the flow of pus have been inserted.

The President is cheerful. All are now sanguine of his speedy recovery. Grave apprehensions are entertained concerning the President. He is too weak to move a limb. The President nearly sat up to-day and ate

the wing of a chicken. Splinters are coming out of the wound. Facts concerning the President's real condition have been kept back. The public have been deluded with false hopes. A consultation of distinguished physicians has been held this evening. It was resolved again to cut into the President. The surgeons' knives have been sent to a distinguished cutler's to be sharpened. A 'distinguished physician' of Washington, who has not been called upon at all to survey the case, gave it as his opinion that the treatment of the President has from the first has been radically wrong. He believes the ball not to have touched the liver at all, but lies in the fleshy integuments of the abdominal wall and four inches from the duodenum. The President bore another operation to-day cheerfully. The ball has been located again by an electric apparatus. It seems moving around in the President at a lively rate.

Some alarm is felt to-day. Another operation is in contemplation. The physicians held another consultation last evening. Secretary Blaine's face wears an anxious look. More pipes have been inserted to facilitate the drainage of pus. It is thought that the ball, wherever it is, is now enclosing itself in a cyst. Seven newspaper reporters intend taking out diplomas and entering on medical practice as soon as President Garfield recovers, having fully qualified themselves by their study of this and parallel cases, as well as by daily interviews with the most prominent of the physicians in charge of the ruler of the nation. There is no further doubt concerning the President's speedy recovery. A new location has been found for the ball. It went near but never touched the liver. The President's convalescence must be very slow. He is a very sick man. A 'distinguished physician' has found the ball. It lies under a blue spot on the abdomen. It never went near the liver. Another operation on the President is contemplated if room can be found to make a fresh incision.

A new probe has been invented by a New England man to explore the course of the wound, and inside of the President. It is three feet long and works with a crank. The President and Secretary Blaine are delighted with it. The new course inside the President which has been surveyed and staked out for the ball meets the unqualified approval of the Cabinet and a majority of the most 'distinguished physicians' in charge. Secretary Blaine's face no longer

wears an anxious look. Room has been found on the President's body for a new incision. It will be made to-day. Much anxiety prevails. The President bore the operation cheerfully. He seems now almost to like being cut up and into. Dr. Dash, has made a new diagram of the course of the ball. He thinks it attempted a north-west passage to the lumbar region, but being diverted from its course by the eleventh rib, went due south. Four bales of boneset, catnip, hoarhound and liverwort sent by elderly New England ladies for the President's use have to-day been removed from the White House. A new probe was sent in to-day, the invention of a Western man. It is worked by horse power, and the inventor claims that it will locate lead or any other mineral in the human form divine, and can also be used as a divining rod to point out hidden treasure. A 'prominent physician' thinks he has found room on the President's body for another operation. Hope now pervades every countenance. It is confidently expected that the distinguished patient will survive all the operations of the 'distinguished physicians.' "

Dr. R. R. McIlvaine, a prominent New York physician, died recently. He was a man of keen sense of humor and considerable wit. Like many other Americans of Scotch-Irish extraction, he was fond of statistics, and at times used them to such good purpose as to thoroughly overwhelm many of the bores so frequent in medical societies. He was well aware of the somniferic tendencies of statistics, but stated them in such an inimitable way that none but the most obtuse could fail to see the humorous aspect of the statistical quotation. He was a physician of exceptional general culture, and had studied under Claude Bernard at Paris. He will be greatly missed by the society-going medical profession.

A twelve-year-old boy died recently at the New York Hospital from hydrophobia. Curare was used without any apparent effect. Information was received by the Board of Health, about two weeks ago, that several inmates of the Roman Catholic Orphan Asylum in Fifty-first street, between Madison and Fifth avenue, were suffering from typhus fever. Since then over thirty children have been removed from the Asylum to the Riverside Hospital, and one child has died from the fever. Four other children in the Asylum have since been attacked by the fever, but they were confined in rooms removed from those occupied by healthy

inmates. Measures have been taken to prevent a further spread of the malady in the institution. It is not known how the fever was introduced into the Asylum. The buildings are kept clean and well ventilated, and they have not been over crowded.

HELLEBOREIN.—A NEW HEART STIMULANT.

Helleborein has been used sufficiently in the hospital to warrant some conclusions concerning its employment. It is an active principle common to the *Helleborus Viridis* and *Helleborus Niger*, the alkaloid obtained from the former being, however, much stronger than that obtained from the latter. In appearance Helleborein is a light yellow amorphous powder, freely soluble in water or alcohol. The watery solution has been preferred, and this is used hypodermically, as the local action of the drug upon the stomach and intestine is found to be irritant. This local action, produced by the drug given in a solid form or in concentrated solution, has been known for some time, and it has been usually classed among the drastic cathartics on account of its very irritant action upon the gastro-intestinal tract. Its constitutional effects have heretofore escaped notice either from the fact that they were obscured by the local action, or from the fact that the drug was so rapidly eliminated by the intestine that too little was absorbed to produce any constitutional disturbance. It is known that its administration by the stomach delays its absorption, and is not followed at once by general effects. The method of administration most favorable to the production of its constitutional effects, is its introduction directly into the circulation by injection into a vein or what is almost as effective by its injection under the skin. It is not found to act as an irritant on the cellular tissue, and has not been followed by any local disturbance more serious than temporary hyperæmia.

Upon the heart the action of the drug is very marked. It increases the force and diminishes the frequency of the heart's action, acting in a manner very similar to that of *Digitalis*. This effect is best produced by small doses repeated. In a number of cases of cardiac disease this action has been fully demonstrated. Where the heart action was feeble, rapid and irregular owing to dilatation following valvular lesions the benefit derived from the use of Helleborein was very apparent. Doses of one-fifteenth grain, hypodermically, repeated every two hours, produced a decided

modification in the rapidity and irregularity, and increased the power of the heart's action to the immediate relief of the urgent symptoms of cyanosis and dyspnoea. This effect was continued until the heart became regular and forcible and the distressing symptoms subsided. In cases of irregular action dependent on nervous excitement, or of palpitation attended with dyspnoea, where no valvular lesion could be made out, the action of the drug was equally apparent. After two or three doses the change in the rhythm of the beats was marked, and the pulse became regular, slower and as it recovered its tone the symptoms of discomfort were relieved. In these cases the action of the drug in increasing the arterial tension was very noticeable.

In cases of heart failure, complicating pneumonia, typhoid fever and other conditions attended by rise of temperature, Helleborein has been used successfully as a cardiac stimulant. In one case of pneumonia with complicatory oedema of the lungs due to failure of the heart the drug was employed with marked effect. The patient was moribund, all efforts directed toward stimulation of the heart and relief of the oedema having proved failures. Hypodermics of Helleborein were first tried after the radial pulse had ceased. Two minutes after the injection of one-tenth of a grain, the radial pulse returned and the heart action was maintained for two hours by the use of the drug. In this case the action as a respiratory, as well as a cardiac stimulant was marked, and had the drug been employed earlier it is possible that the cardiac failure might have been overcome. The advantages of Helleborein over *Digitalis* are numerous. If given hypodermically it never produces nausea or vomiting. Its effects are not cumulative and no unfavorable results followed when it was continued for several weeks steadily. There seems to be no danger of heart failure following undue exertion where it has been given some time, as occasionally is seen where *Digitalis* has been used. It does not produce the disagreeable cerebral symptoms which often follow the use of *Digitalis*. In several cardiac cases it was used with good effect after *Digitalis* had been tried but had produced no amelioration, of the symptoms. Its action upon the kidneys is less marked than that of *Digitalis*. It produces a diuretic action probably by increasing the arterial tension and by regulating the heart and thus in-

creasing the arterial tension, and by regulating the heart and thus increasing the blood pressure. Thus, in cases of ascites due to cardiac disease it fulfils two modifications, by stimulating the action of the kidneys as well as regulating the action of the heart. But as a diuretic it is inferior to Digitalis. A careful experimental study of the physiological action of the drug on the various organs has not been made, but sufficient is already known to show that in Helleborein we have an efficient heart stimulant and diuretic.

ANEURISM OF THE RIGHT BRACHIAL ARTERY
—TREATMENT BY COMPRESSION—CURE.

The patient, a male, about forty years of age, admitted syphilitic symptoms. Several years ago he received an injury to the right knee, which compelled him to use a crutch in walking. Four weeks before his admission to the hospital he noticed a tingling sensation in the palm and fingers of his right hand which was followed by swelling of the hand and wrist, attended with pain. Thinking his trouble was rheumatic he consulted a physician, who discovered a small pulsating tumor in the course of the brachial artery at the junction of the upper and middle thirds of the arm. He was told that he had an aneurism, and was treated by compression, a bandage being applied to the arm with a compress over the artery, sufficiently tight to control the circulation. This was so painful that it was removed in the course of an hour. During the following week the pain and numbness subsided on the wrist and hand, and as these symptoms were relieved the patient did not present himself again for treatment. A few days before admission the pain, tingling, and swelling returned in the hand, and he noticed that the tumor in the arm had increased markedly in size and was painful. He therefore came to the hospital for relief. On examination the tumor was found to be situated on the brachial artery, two and a half inches below the insertion of the Pectoralis Major Muscle. It was two and a half inches long and one and a half inches in width, and presented all the characteristic signs of a fusiform aneurism. As the pulsation in the tumor could be readily arrested by compression of the brachial or axillary arteries, it was determined to attempt this method of treatment. Compression was at first made with the fingers, later by means of a simple apparatus contrived by the house surgeon, Dr.

Holt, consisting of a conical pad mounted on a tapering splint, one end of which could be firmly pressed against the artery, while the other rested upon the arm of the attendant. In this way compression was maintained for nine hours, the point of pressure being moved up and down the axillary and brachial arteries within a space of three inches, so that the skin was not unduly irritated at any one point. By care in the degree and direction of the pressure it was found possible to avoid producing any pain, though at one time the patient complained so much that he was given a hypodermic of eight minims solution Magendie. During the first two hours after the compression was begun there was some œdema of the whole extremity, and the forearm became quite cold, the hand, however, remaining warm. This did not continue. During the third hour a slight pulsation became perceptible in an artery at the elbow external to the situation of the brachial, probably the superior profunda, which increased gradually in force, showing that a collateral circulation was being established. By the end of the fourth hour a radial pulse could be felt, and after this the temperature of the forearm returned to the normal. When pressure was removed for a moment at the end of the sixth hour there was very slight pulsation in the tumor, and at the end of the ninth hour this was no longer found. The compress was then applied to the artery by bandage, and the arm bound firmly to the side, and this form of compression was maintained for three days. At the end of this time no pulsation could be felt in the brachial artery below the tumor, the tumor itself had decreased markedly in size, and the collateral circulation in the extremity was perfectly maintained. After remaining a few days longer under observation the patient went out cured. He has since returned twice, and at each visit a marked diminution in the size of the tumor has been noticed. At present it is about half an inch in each diameter, and can only be felt by careful examination.

A NEW INFECTIOUS DISEASE. —The Michigan Medical News quotes from a local paper the following: "There were fifteen pairs of twins born in Port Huron during the present year, and hundreds of families who have been exposed are anxious lest the disease be contagious."

REVIEWS.

A NEW FORM OF NERVOUS DISEASE—
ESSAY ON ERYTHROXYLON COCA, by
W. S. Searle, A. M. M. D., Fellow of the
Medico-Chirurgical Society of New York.
New York, Ford, Howard & Hurlburt,
1881; Jansen, McClurg & Co., Chicago.

The author of this, it may be said without the slightest exaggeration, most remarkable publication in the line of medicine, which has appeared within the last ten years, the most remarkable, not even excepting the analogous publications of Dr. Beard, bases his claim to the discovery of a new form of nervous disease, on the following non-committal letter of Charcot: "Much honoured colleague. I have noted the memoir of Dr. Searle. I perceive, indeed, the (his ?) new affection. I, at least, have not met with it in the characters described by Dr. Searle, either in books, or in practice. Devotedly Yours, Charcot." He follows the quotation of this letter between whose lines Charcot's true meaning might be read by even very obtuse people, by the statement that, "with this *endorsement*" his "*brochure* is recommended to the public."

The "new nervous disease" manifests itself by a peculiar sensation of shock and of "venous congestion." The shock is described as being of such a severe character as to give the patient an idea that sudden death is impending, this especially when it occurs at night. The affection is, as far as the author's meaning can be disentangled from a host of tentative assertions, located by him in the cerebellum, and its nature, whether anatomical or dynamic, left an open question. The histories of twenty-one cases are given more or less fully, several occupying but a few lines. Most of these cases present from their histories, every evidence of having been instances of dyspepsia, with the peculiar nervous disturbances often associated with that complaint, and the reviewer has seen not twenty, but probably eighty such cases entirely relieved by an attention to a proper regimen, and there is no doubt that many a general practitioner has successfully treated hundreds of these very common cases without dreaming that he was losing the opportunity of immortalizing himself, by neglecting to publish his experience in a gold letter covered monograph "potboiler." Some of the doctor's cases present those symptoms which Charcot probably had in

mind, when he wrote that he had not seen such an affection in the characters described by Dr. Searle. Case I had nystagmus, the patient approached "collapse", the recti oculi could not be controlled sufficiently, there was decided incoördination of the lower extremities, and from the account, even paresis of the latter. Case II had occasional diplopia, and at times almost amblyopia, while latterly hallucinations, or as the writer improperly terms them "illusions" had been frequent. A chromatic halo around the gaslight preceded the amblyopia. One day after an attack of shock in the street, the patient was brought home, wandering in talk, with flushed face, wild eyes, and was delirious for some hours. With other cases similar peculiar symptoms mar the purity of the Doctor's disease, and a competent neurologist would be inclined to suspect, that the cases oscillate between epilepsy, locomotor ataxia, cortical disease and glaucoma. Certainly a history like that of Case I, would indicate the necessity of more thorough search for the evidences of organic spinal disease, and one like the second, for those of cortical disturbance. The so-called characteristic symptom of shock has not been observed for the first time, by Dr. Searles nor by Dr. Beard whom he quotes. Dr. J. G. Kiernan in 1878 described the peculiar snap like the discharge of a pistol in a case of masturbatory insanity, and earlier observers have noticed this same and similar symptoms, over and over again.

In drawing the line of differentiation between the "new" and nameless disease and epilepsy, Dr. Searle establishes the following as fundamental criteria of epilepsy constantly present in all epileptic and epileptoidal affections. That these so-called criteria are utterly erroneous, and contradicted especially by every prominent writer on the subject, seems to have caused him but slight uneasiness. He claims first, that there is always a sudden or temporary spasm, that there are either no intermediary symptoms or that these are temporary, that vertigo is unusual, and that there are no prodromata to the attacks. This is offered to the medical public in the year of our Lord 1881.

The text in many places approaches the sublime, in others it stumbles into the ridiculous, and in still others is so pathetic that the reviewer was almost inclined to lay down the pen and pass over the receipt of the work in silence. For example, p. 19. "I am aware, that it is a mere theory, but,

in the light of known facts, I feel confident that, if healthy women were subjected to the embraces of *a series* of ordinarily healthy men for years in succession, the cell-life of both sexes would, in time, be so modified that, had syphilis been blotted out of the world, it would again make its appearance."

From all appearances the appendix on Erythroxyton Coca, will be liberally culled from by the compilers of advertising circulars. As illustrating the advantages accruing to those using this drug, he mentions eminent lecturers who can lecture without fatigue by taking their coca (with a stick in it?) before going on the platform, a lady who before taking coca could not walk a block and now can walk "miles," others who can go on "shopping" expeditions without experiencing fatigue, since using it. Husbands may henceforth curse the coca fiend. A young man is cited, who whenever his noonday meal is delayed for one or two hours, has sensations of faintness and hunger which are at once dispersed by a few mouthfuls of coca-leaves. Confirmatory examples of an analogous character are very frequent. Here the pulverized leaves of the sub-tropical fruit, known familiarly among its devotees as the "Tschawinterbackarrh," were employed with the same happy effect.

A few letters from patients, of the same drift, and very similar to the manufactured epistles published with the advertisements of certain "saintly" oils, follow these statements and the climax of recommendation, with which this review can be closed is reached on page one hundred and thirty-five, where it is stated that if our army had had coca at the battle of Gettysburg, Lee and his troops would have been captured. He should have added unless Lee's army had also had coca. "A bale of it (coca) should form part of the supply of every ship, since in case of shipwreck it would sustain life much longer than a corresponding amount of food." Children cry for it, authors of potboilers should not be without it!

BOOKS AND PAMPHLETS.

Presley Blakiston, 1012 Walnut Street, Philadelphia, Pennsylvania. Catalogue of Medical, Dental, Pharmaceutical and Scientific Publications, with Classified List and Subject Index. R. G. Jennings, M. D., Secretary, Little Rock, Arkansas. Minutes of the State Medical So-

cietty of Arkansas at its Sixth Annual Session, held in Little Rock, April 27, 1881.

William Goodell, M. D., Philadelphia, Pennsylvania. The Dangers and the Duty of the Hour. Reprint from the Transactions of the Medical and Chirurgical Faculty of Maryland, 1881.

Ambrose L. Ranney, M. D., 156 Madison Avenue, New York City. The Applied Anatomy of the Nervous System, being a Study of this Portion of the Human Body from a Standpoint of its General Interest and practical Utility. d-signed for use as a Text-Book and a Work of Reference. New York: D. Appleton & Co., 1881; Jansen, McClurg & Co., Chicago.

Rev. Fred H. Wines, Springfield, Illinois. Sixth Biennial Report of the Board of State Commissioners of Public Charities of the State of Illinois. Presented to the Governor, November, 1880.

Rev. Fred H. Wines, Springfield, Illinois. Tabular Statements, accompanying the Sixth Biennial Report of the Board of State Commissioners of Public Charities of the State of Illinois. Presented to the Governor, 1880.

Abel Gutierrez, M. D., Chinandega, Nicaragua, Central America. Ensayo sobre La Accion Fisiologica y Terapeutica del Jaborandi. Tesis para Obtener el Titulo de Medico y Cirujano, Presentada y Sostenida ante la Junta Directiva de la Facultad de Medicina y Farmacia de Guatemala, Julio 24 de 1881.

THE ARMY.

OFFICIAL list of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from July 29, 1881, to August 28, 1881.

Woodhull, A. A., Major and Surgeon. Relieved from duty in the Dept. of California, and to proceed to New York City, and report by letter, upon his arrival there, to the Surgeon General. S. O. 193, A. G. O., August 23, 1881.

Brown, Harvey E., Major and Surgeon. Relieved from duty in the Dept. of Texas, and to proceed to New York City, and report by letter, upon his arrival there, to the Surgeon General. S. O. 192, A. G. O., August 22, 1881.

Hubbard, V. B., Asst. Surgeon. Promoted to the rank of Major and Surgeon in the Medical Department, to take effect from the tenth of August, 1881, vice White, deceased.

Hubbard, Van Buren, Major and Surgeon. The leave of absence granted him in S. O. 169, A. G. O., August 26, 1881, is extended eight months, with permission to go beyond sea. S. O. 193, A. G. O., August 23, 1881.

Shannon, W. C., Captain and Asst. Surgeon. Relieved from duty at Fort D. A. Russell, Wyo., and assigned to duty as Post Surgeon at Fort Thornburgh, (junction of White and Green rivers), Utah. S. O. 81, Dept. of the Platte, August 22, 1881.

Dickson, J. M., Captain and Asst. Surgeon. Relieved from duty in the Dept. of the Columbia, and to proceed to New York City, and report by letter, upon arrival there, to the Surgeon General. S. O. 193, A. G. O., August 23, 1881.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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Theory and Practice of Medicine and Therapeutics.

E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.

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AUTOPSY ON THE PRESIDENT.—Unsatisfactory is the word which marks the proceedings of the late President's attendants in their relation to the public, and to the profession. After three months of perplexing and vague bulletins have strengthened a general distrust in the attending surgeon and his eminent army associates whose presence our republican court etiquette always demands when the life of a powerful statesman is in danger without special reference to their scientific fitness, and sometimes to the exclusion of more able surgeons in civil life, the nation is confronted with an autopsy report which fully sustains the already established reputation of the "cundurango syndicate." In illustration of the slipshod method characteristic of this autopsy, may be cited the failure to report upon the condition of the spinal cord, or even to intimate that it was examined at all. It would be interesting from the medical, and imperative from the forensic standpoint to know whether this important organ had undergone any pathological change, and whether the "soft parts," to which allusion was made, were the spinal cord, or neighboring muscular or other equally unimportant non-nervous tissues; we are not even informed whether the spinal cord was exposed by the passage of the ball through the vertebra. That it could not have been seriously injured in the

passage of the ball seems proven by the history of the case, yet the public is left to draw the questionable inference that because the bullet passed, as they say, through the spinal column the wound was necessarily mortal. It must be remembered that there is a wide difference between wounding the bony portion of the spinal column and wounding the spinal cord itself. The autopsy should have distinguished between the two. But an acting assistant surgeon of the United States Army made the autopsy and, so far as reports go, no man was present who ever, in the eyes of the profession, had distinguished himself as an authority on pathology.

WAS THE PRESIDENT'S DEATH AVOIDABLE?—The public is informed through the very meagre post-mortem report, that the President died directly from secondary hæmorrhage from one of the mesenteric arteries. Since nearly three months had elapsed before this rupture occurred, it is clear that it was not a necessary result of the wound, but was rather induced by the depraved condition of the system, which was directly caused by blood poisoning. It must then be concluded that blood poisoning was the cause of death. The great question of the hour then is, was the blood poisoning a necessary result of the wound? In other words, could it have been avoided?

This is simply equivalent to asking whether the pus cavity which extended downward toward the right groin, from a point near the entrance of the ball, could have been prevented, because it is evident that from this source came the pyæmia or blood poisoning. The formation of this pus cavity was certainly dependent upon the burrowing of pus. The problem in all such cases is to render such burrowing impossible, and this must be accomplished if at all, in one or both of two ways. Either the formation of pus must be prevented, or some means for its prompt removal must be provided if it does form. An examination into the ante-mortem history of this deplorable case shows that no satisfactory means in the way of drainage or aseptic precautions were employed to secure either one of these two results. Notwithstanding the delusive mitigation of its grief which the republic seems to have in the alleged fact that the wound was necessary fatal, it is yet imperative that the surgical history of the case be impartially analyzed.

THE only man, so far as is shown by any authentic report, who, in the first week of the President's illness, made the least attempt to explore the track of the ball was promptly excluded from the attending staff for so doing. The surgeons adopted the expectant plan, and while they speculated liberally on the location and course of the ball they made no efficient effort to obtain such exact knowledge as would have enabled them to treat the wound in any other than in the dilettante fashion of washing its more accessible part and leaving large quantities of pus to follow the course of least resistance, where it was rapidly absorbed into the general circulation to produce pyæmia and death. Since the advent of aseptic surgery some phases of military surgery have undergone radical changes, so that now we may, with comparative safety, make most extensive incisions with the view of removing the ball or fragments of bone and of establishing absolutely efficient drainage of pus from the

body instead of into pus cavities where its absorption is inevitable. Moreover by the employment of radical antiseptic methods, such as unfortunately do not enter into the history of the case, not only is thorough exploration of a wound permissible so long as that exploration does not dangerously invade a vital organ, but it reduces the formation of the pus itself to the minimum.

IF, in the progress of such extensive explorative incisions as have been mentioned, it should in any case become evident that no further incision could be made without dangerously involving a vital organ, then the surgeon could desist, but even then he would have rendered a considerable portion of the wound drainable, and thus materially lessened the possibility for the imprisonment of pus, but in this case the track of the wound might have been explored to the ball without the invasion of a vital organ by the following procedure: The entrance of the wound might have been enlarged to an extent sufficient to reveal its direction around through the body of the first lumbar vertebra. Upon the enlargement of the entrance of the wound, all of the fragments of bone lying in this region could have been removed, and the ragged edges of the rib smoothed off to render them less irritating. Then a curved, blunt sound could have been passed in the track of the ball from the right to the left side of the spinal column, and another incision could have been made to the point of this sound, which point should have been pressed upward, toward the surface of the body, as a guide to the surgeon for the incision. This last incision should then have been enlarged by the removal, if necessary, of a portion of the adjacent rib, and if required of the transverse processes. Then the sound should have been removed from the right side and reintroduced through this second opening in the left, and the track of the ball still further followed until the ball was reached, which, as the autopsy showed, would have been only two and a half inches

from this place. Then the entire wound could, by counter incisions, have been rendered perfectly accessible for drainage and for the thorough and frequent washing away of whatever pus might have formed. Had such measures been adopted and had the absorption of pus and pyæmia been thus avoided the President's natural reparative power was such that rapid and secure healing of the wound might reasonably have been expected. Moreover, the case peculiarly demanded such treatment because of the many layers of loose muscular tissue and abundant cellular tissue which otherwise rendered the extensive burrowing of pus almost inevitable.

SUCH incisions as have been mentioned in the preceding paragraphs would have to be classed under the head of very difficult and very heroic surgery, but this is not a reason why they should not have been made. It is not claimed that they would certainly have saved the President, but rather that they would have substituted for an otherwise necessarily fatal condition, one in which recovery would have been much more than possible. Indeed, the fact that the ball had become encysted, proves that the patient's reparative force was great, upon which his recovery would, in no small measure, have depended. Undoubtedly any heroic measures such as these must be attempted if at all, early in the case. At the time when Drs. Hamilton and Agnew were called, such a procedure, although not necessarily contraindicated, would have been at least questionable. These gentlemen therefore, may not fairly be said to have acted without some judgment.

It must however be remembered that, although in the late Turco-Russian war antiseptic surgery gave brilliant results, yet the experience of this method dates back only a few years, and that its claims have not yet been so fully recognized by the profession that its non-observance violates an acknowledged medico-legal rule. This

criticism hinges on the acceptance of the antiseptic doctrines. In the pre-antiseptic period the course followed in this case could not be so justly criticised although even then the practice of drainage had been fully established; but in such a case as this it is an open question whether adequate drainage could have been obtained, unless with the most rigid attention to the minute details of antiseptic practice, without unwarrantably increasing the risk.

MEDICAL ETHICS.—The following case has been laid before the Review for adjudication: "On Monday morning, September 18, Dr. K. was sent for to attend Mrs. D., then in labor. The messenger was informed that the doctor was out, had been away all night, and his family could not tell when he would return. The messenger stating his business with him left word that he could not wait, and would go for another physician. Dr. C. was called at four in the morning. When within a quarter of a mile of the house he was met by another messenger who turned him back with the statement that Dr. "K" was there, which was "C.'s" first intimation of K. having been called. K. admits that he knew another physician had been sent for, but thinks he was right in going. Dr. C. thinks he was entirely out of the case, under the ethical circumstances arising in the case. The circumstances necessary to form a judgment are not given in full; it is not stated whether either of the physicians called was the regular medical attendant. Assuming that neither was, it is clear that Dr. K. was in the wrong for in going at all, under the circumstances he accepted an implied contract that another physician might be called who could logically claim precedence of him. His proper course would have been to have waited till the other physician came and then turned the case over to his care. A more full and fair decision could only be given where more details of the subject are obtainable.

THE Atlanta Medical and Surgical Journal lately underwent a change of editorship, and now undergoes a change of name, becoming the "Atlanta Medical Register."

VETERINARY EDUCATION.—The amount of education possessed by some of the practicing "veterinary surgeons" of Chicago must be rather limited, to judge by a recent occurrence. (Druggist, September, 1881). One "veterinary surgeon" recently wanted four ounces of tincture of aconite root from a pharmacist, whose curiosity led him to ascertain the fact, that, the "veterinarian" believed that tincture of aconite root and "sweet spirits of nitre" were one and the same thing.

PRIZE ESSAY.—The committee of selection appointed at the recent meeting of the American Medical Association, have announced, as the subject for the prize to be awarded in 1883, the following question: What are the special modes of action, or therapeutic effects upon the human system, of water, quinia, and salicylic acid, when used as anti-pyretics in the treatment of disease? The essays must be founded on original experimental and clinical observations, and must be presented to the chairman of the committee of award on or before the first day of January, 1882.

CHLORAL IN DYSENTERY.—Dr. H. H. Kane, of New York, cites (Medical and Surgical Reporter, August 27, 1881,) quite a number of cases of dysentery in which chloral hydrate proved of value. The drug was used in enemata, and enemata of cold water have long been known to be of service. So it is not improbable, that rather to the menstruum than to the chloral the effect is due. Dr. Kane says, however, that too much credit should not be given any drug in acute sporadic dysentery, which is a self-limited disease. The amount of chloral usually given in enemata, is fifteen grains to seven ounces of barley water, or some menstruum of a similar character.

CHROMIDROSIS.—Dumas (Gazette Hebdomadaire, April 8, 1881) reports a very curious case of chromidrosis in a boarding-school pupil, who during a discussion was spattered on the right cheek with ink. Two days after the fracas an attack of hysteria occurred, and following this a brownish patch made its appearance on the right cheek from whence the ink had been washed off. The patch was hyperæsthetic, and from it a dull pain extended over the head. It disappeared but ten days after reappeared at the same time as an attack of hysteria. For four months these phenomena presented themselves with relative regularity, but finally disappeared. The editor of the Gazette Hebdomadaire suggests that the case may have been one of malingering. There is, however, no very great improbability in the case. Similar cases have been before observed. The most suspicious circumstance is, the gradual improvement.

BATHS IN SCARLATINA.—Dr. D. Mason Fraser, Homerton Hospital London, England, says (Practitioner, July, 1881) concerning the use of baths in scarlatina: "Although I do not believe that the bath treatment is a specific for scarlet or any other fever, yet I do regard it as a valuable instrument in combating the disease. Any method of treatment that can reduce the temperature, change sleeplessness and delirium into quiet rest, and holds out a hope for the prevention of deafness, ought to have a recognized place in the therapeutics of scarlet fever." This opinion but renounces what has often been asserted before, still there is no doubt that prejudice against baths in fever, is too prevalent.

INCOHERENCE.—The following title of a diatribe against medical practice laws in the Nashville Journal of Medicine and Surgery, September, 1881, would not disgrace by its incoherence a case of chronic mania with confusion. "Thoughts, occasioned to be expressed, by reading proceedings of the Nebraska State Medical Society."

LYMPHATIC HEARTS and venous pulsation are discussed by Mr. T. Wharton Jones, of University College, London, (American Journal of the Medical Sciences, July, 1881,) who details some experiments to determine the question whether venous pulse is ever caused by lymph hearts. He finds that these structures in no case empty directly into a vein, but always through a short duct, which does not itself exhibit pulsations, although the rhythmical contractions of the lymphatic heart propel the lymph through it. Nevertheless, there are movements, synchronous with the systole and diastole of the hearts, exhibited by the large jugular vein in the frog's neck, which appear as if to issue from the lymphatic hearts anteriorly. According to Mr. Wharton Jones, the pulsations are not produced by the propulsion of lymph into the vein, because this heart does not open into the said vein at all; and the vessel, into which the lymph is really pumped, is deeper seated, and is not distended by its propulsion, and consequently does not pulsate.

COMPOUND MERCURIAL OINTMENT.—The following formulæ (Druggist, September, 1881,) are used by the London, Great Northern and St. George's Hospitals, England. Extract of belladonna one drachm, mercurial ointment to an ounce. Mix. Extract of conium one drachm, mercurial ointment to an ounce. Mix. Mercurial ointment one ounce, camphor one drachm, proof spirit sufficient. Mix. Mercurial ointment two ounces, soap cerate plaster two ounces, camphor, half an ounce. Mix. These formulæ would seem to be of much value in cases where mercurial ointment, modified in the various ways already indicated, would be required.

GALEN'S CERATE.—This preparation of the French Pharmacopœia is coming into use in surgical practice in the United States. It is (Gazette des Hôpitaux, April, 1881,) made of one part of white wax dissolved in four parts of oil of sweet almonds and

stirred constantly, adding gradually while cooling, three-parts of water or rose water. The mixture is then poured into a marble mortar and triturated till cool. It is said to form an excellent cerate.

DETECTION OF FUSEL OIL IN ALCOHOL.—Cazeneuve and Cotton (Druggist, September, 1881,) propose as a reagent. potassium permanganate in a solution containing one-tenth per cent. of the dry salt. The permanganate at ordinary temperatures is reduced slowly by vinic alcohol, but instantaneously by methylic alcohol. If to ten cubic centimetres of alcohol at twenty degrees there is added one cubic centimetres of the permanganate solution, twenty minutes are required before the liquid takes the yellow tint indicating complete reduction. If to ten cubic centimetres of methylic alcohol, the yellow tint is obtained immediately with potassium permanganate.

ANÆSTHESIA OF THE CORNEA is not infrequently encountered by ophthalmologists. According to Dr. Jas. L. Minor, of New York, this symptom is of a neuro-paralytic character, the seat of the lesion being in the Gasserian ganglion, (American Journal of the Medical Sciences, July, 1881.) This anæsthesia is only one factor, and bears no relation to the severity of the attack, or any concurrent inflammation. Vaso-motor disturbance is commonly associated with this condition, which is easily recognized in the conjunctiva and iris, and the obstinately contracted pupil. Diminished tension of the globe is noticed in a fair proportion of cases, and trophic changes are common. The disorder, which lasts from two to six weeks, is frequently dependent upon malaria, and cinchonism often affords relief, in such cases, in a short time. Where this fails, and in other cases complicated with neuralgia, gelsemium given with due care, is highly recommended. Five drops of the fluid extract are given every two or three hours, the dose being gradually increased. Morphia enhances its effect.

CONTUSION OF THE TESTICLE.—Terrillon (*Gazette des Hôpitaux*, August 6, 1881,) comes to the following conclusions respecting the effects produced by contusion of the testicle: First: That contusion of the testicle can produce painful, fleeting disorders of the testicle without appreciable local disturbance. Second: That contusion of the testicle can be accompanied by primary disorders, soon followed by inflammatory reaction, with production of fibrous tissue and subsequent atrophy; a true atrophic traumatic orchitis. Third: There are three degrees in the contusion: The first is that of capillary hæmorrhage into the cellular tissue; the second is that in which circumscribed foyers are formed by the débris of broken tubes and blood globules; the third is that of rupture of the tunica albuginea, the crushed state of the testicle. Fourth: Atrophy comes on most frequently during adolescence, and in young people Suppuration, which is of much rarer occurrence, comes on chiefly in old or cachectic individuals. Fifth: The frequency of traumatic orchitis has been much exaggerated. The shock of the first pain perceived by the patient has been taken as the outset of the disease. Sixth: Contusion of the testicle may in the case of a tuberculous or syphilitic patient awaken hitherto to latent disease. Seventh: The epididymus is often attacked at the same time, but at least there is a tendency to atrophy. Terrillon's conclusions while interesting and valuable, do not, in the opinion of the therapeutical editor, sufficiently take into account age as a predisposing influence.

DISTAL COMPRESSION IN INGUINAL ANEURISM.—A successful case of inguinal aneurism treated by distal compression is reported (*American Journal of the Medical Sciences*, July, 1881,) by Dr. Theodore R. Varick, of Jersey City. The patient had previously had the femoral artery of the opposite side ligated for popliteal aneurism, with success. Compression of the vessel as it passes over the ramus of the pubes

was maintained for forty-eight hours by Ricord's bubo compressor. The patient subsequently was confined in bed for sixty-two days, during which period he took iodide of potassium half a drachm three times daily. Part of this time he was also on restricted diet. The tumor became firm, with scarcely appreciable pulsation, and none in the femoral beyond. The iodide was continued for six months. Three months later the most careful examination failed to discover the slightest pulsation, and the sac was solid and could be said to be materially reduced in size.

BREAK-BONE FEVER.—An epidemic of break-bone fever in Charleston, South Carolina, is reported by Dr. John Forest, (*American Journal of the Medical Sciences*, April, 1881). The disease was not recognized as epidemic until the latter part of July, and did not disappear until December. There was no distinction of race, age, or acclimatization among those attacked; the disease was not contagious in the ordinary sense, and certainly not malarial. There was no uniformity as to the mode of invasion, severity, and character of symptoms, and their duration; among the sequelæ were prostration, sleeplessness, night sweats, anæmia, diarrhoea, carbuncles, conjunctivitis, bronchitis, icterus, cystitis, rheumatism, and various neuroses. The urine was diminished, but was rarely albuminous; hæmorrhages from the bowels, and from other mucous surfaces, occurred in some cases. An erythematous or eczematous cutaneous eruption was frequently observed. The treatment adopted was symptomatic, and consisted of the use of mild cathartics, diaphoretics, anodynes, arterial and nerve sedatives, sinapisms, stimulants and tonics. Out of two thousand and fifteen cases treated, only seven died, but of these more than one half died from complication of previously existing disease. The weather was extremely hot during the summer, there was a great want of rain, as a rule, comparative absence of thunderstorms.

PULMONARY PHTHISIS.—Dr. Beverley Robinson, New York, (*American Journal of the Medical Sciences*, July, 1881,) calls attention to three prominent conditions of present interest in connection with pulmonary phthisis. First: Inflammations of the respiratory organs as they effect the origin and course of pulmonary phthisis. Second: Syphilis in its relations to the origin and course of pulmonary phthisis. Third: Contagion and inoculation. The influence of laryngitis and bronchitis as predisposing and exciting causes of pulmonary phthisis is fully recognized by Dr. Robinson, whose personal experience forces him to the belief that bronchitis, especially laryngo-bronchitis, is an efficient agent in causing broncho-pneumonia with cheesy nodules and pneumonic phthisis. On the other hand, lobar pneumonia, where the pulmonary parenchyma is involved in a previously healthy individual, rarely acts as a cause of phthisis, but where the patient is already phthisical the complication hastens the course of the disease. Pleurisy also is a modifying agent of great importance as regards the origin and course of pulmonary phthisis. Syphilis does not cause tuberculosis; in such cases other symptoms suggest the anti-syphilitic regimen, and treatment becomes the touchstone of diagnosis. Dr. Robinson is of opinion that phthisis can in many cases be communicated by infection, contagion, or inoculation.

SUDDEN DISLOCATION OF THE LIVER, WITH RECOVERY.—Dr. Alexander Y. P. Garnett (*American Journal of the Medical Sciences*, January, 1881,) reports, apparently, the only case of sudden dislocation of the liver, on record. A lady aged fifty, while stooping down hurriedly to pick something from the floor, "felt a sudden wrench or giving way on the right side." Examination revealed a displaced liver reaching to the crest of the ilium. Much discomfort was experienced, but the patient was relieved by spontaneous reduction in the space of three days. A week's confinement in bed,

followed by the use of a broad elastic band around the waist, constituted the necessary remaining treatment. The patient apparently regained, to a great extent, her normal condition and state of health.

NITRITE OF ETHYL has been proposed by Peyrusson as a means of purifying the air. Four parts of ninety per cent. alcohol are mixed with one part thirty-six per cent. nitric acid and the nitrite of ethyl given off from this mixture is very volatile, free from acid fumes, and it is said to be very well adapted to air purification.

TREATMENT OF GONORRHEAL CONJUNCTIVITIS.—One of the main indications consists in removing the pressure which the tense lids exert upon the eyeball. For the occurrence of corneal ulceration and gangrene depends largely upon the strangulation of the vessels, thus produced. Some time ago Critchett relieved the tension and impending corneal danger in a very serious case by splitting the upper lid longitudinally and suturing the edges of the flaps thus formed, to the skin of the brows. The procedure fulfils its object, but the risk seems imminent that shrinkage of the flaps may lead to subsequent deformity. The relief of the excessive tension has hence been attempted in another way by Fuchs (*Centralblatt für Augenheilkunde*, July, 1881). He splits the external commissure with the scissors, deepens the incision with a scalpel and prolongs it one centimetre beyond the external orbital rim dividing the soft tissues down to the bone. The upper lid can now be raised easily, the lower lid is kept everted by means of a loop suture until the swelling has subsided. During the operation hæmorrhage occurs from the arteria zygomatico-orbitalis, which Fuchs thinks best to favor. The special advantage of the procedure apart from the relief of pressure is the thorough drainage of the pus. Two cases are given with incipient corneal change, the recovery of which proves the value of the procedure.

BURNS OF A MOTHER IMPRESS THEMSELVES ON A FŒTUS.—A case reported by Dr. William Hunt (*American Journal of the Medical Sciences*, April, 1881,) seems destined to become classical. A woman, eight and one-half months pregnant, was fatally burned from her clothes taking fire, a large part of her body being involved. The foetal heart sounds were distinctly heard when the patient was admitted to the hospital, but they ceased during the night, and the next afternoon a well-formed still-born female child was delivered, healthy, except that its body had the appearance of being recently burned, the epidermis being raised in blisters. Upon comparison, it was found that this appearance of the foetus corresponded exactly with the mother's burns. The case has an important bearing upon the question of maternal impressions in the later months of pregnancy.

HOANG NAN.—Dr. Barthelemy (*Bulletin Générale de Thérapeutique Médicale et Chirurgicale*, August 15, 1881,) claims that on man hoang nan produces the following effects: In a small dose, five to ten centigrammes, the result is an augmentation of the mental and physical activity, increased animation and flow of ideas. Given for a long time in this dose hoang nan has a tonic effect, increasing flesh and weight. In from two to four times the dose just mentioned, general feeling of heat, itching and formication results; muscular tonus and the reflexes are increased; there is also pains over the region of the liver, in both temples, and at the same time vertigo. From a still larger dose, general malaise, excessive vertigo, irregular involuntary contractions of the feet and hands result. An excessive dose is attended by loss of consciousness and chills.

CARBOLIC ACID POISONING.—Friedberg (*Journal de Médecine et de Chirurgie*, July, 1881,) reports the following case of carbolic acid poisoning. A man twenty-three years of age suffering from wounds of the head,

with a crude idea of curing these, swallowed a solution of carbolic acid. In twelve minutes carbolic acid intoxication developed, and caused death. The symptoms observed after the ingestion of the carbolic acid were pallor of the face, constriction of the muscles of the jaw and neck, muscular relaxation and collapse broken by delirium, coldness and cyanosis, finally convulsions, relaxation of respiratory movements, and death. The amount swallowed was about two drachms. This is one of the numerous results of the lay idea of applying remedies without any very definite knowledge of the mode of application.

ANEURISMS NEAR THE HEART.—Dr. John A. Wyeth (*American Journal of the Medical Sciences*, January, 1881,) reports the following as to the relative dangers of distal ligature, in the several aneurisms that may occur near the heart. Of aneurism involving the aorta alone eight cases are given. The left carotid was tied in all except two, of which one died. All of the cases in which the ligature was applied to the left carotid "recovered" with "improvement," as did the remaining instance in which the right carotid was tied. Of aneurism involving the innominate and the aorta, the right carotid was tied in five cases (all fatal), and the left carotid in two instances, one fatal and one recovery with improvement. Of aneurism involving the innominate alone, the right carotid was tied in nine instances, of which six died and three recovered improved, one of these dying "later," from the progress of the disease, another seven months after the operation, from pressure of the aneurism. Of aneurism involving the innominate and one or both of its branches the (right) carotid was tied in six instances, of which four died, as direct or indirect result of the operation. Of aneurisms involving the carotid alone, the right was tied in five instances, with one death; the left carotid in two instances, with in only one case a fatal issue. These results seem to be well authenticated.

PHOSPHATE OF LIME IN RICKETS.—Dr. Pegot Ogier, quoted in the *Progrés Médical*, March 5, 1881, says that by the administration of calcic phosphate: First: "Among pregnant women a large number of miscarriages are prevented, and the number of dead births is much diminished." Second: "The milk, so frequently poor in calcic phosphate elements, comes up to the normal standard demanded for the proper care of the child." Third: "Through infancy, childhood and youth, its employment may prevent lymphatic diseases and those dependent upon defective ossification." Fourth: "The mortality, which in Paris amounts, for the first year of life, to one death in three, might thus be diminished to one in five." Finally, the most beneficial results have attended the use of this preparation in all the osseous affections, caries, necrosis, osteomalacia, Pott's disease. These conclusions are but the enunciation of what is by no means new, but is notwithstanding of very great value.

GALVANISM AND HÆMORRHOIDS.—Dr. Q. C. Smith, Austin, Texas, (*Nashville Journal of Medicine and Surgery*, September, 1881) claims good results from the use of galvanism in the treatment of hæmorrhoids. If the case be recent and the parts ulcerated and sensitive, the positive pole is placed in the rectum; if the case is old and the hæmorrhoids old and tough, the negative pole. As Smith uses at the same time as an adjunct to the electrical treatment an ointment of ergotin, iodoform, nutgall, camphor, opium, white wax, vaseline and cocoa butter, it is difficult to see how much can be attributed to the galvanism.

ALCOHOL IN AURAL POLYPUS.—Politzer (*Wiener Medizinische Blätter*) claims that instillation of concentrated alcohol repeated five or six times a day, has given such good results in the treatment of aural polypus, that he regards this procedure as more valuable and efficacious than the caustics ordinarily employed in such cases.

DR. W. D. RUSSELL has been elected Professor of Chemistry in the Southern Medical College, Atlanta, Georgia.

THE MEDICAL RECORD says "Dr. Beard organized American nervousness." What the condition of American nervousness was before Dr. Beard "organized" it the Record does not inform the profession.

"CURING SMALL-POX."—There is a "Dr." H. T. Lee who resides at 228 Chicago Ave. who seems to need some attention from the authorities. This individual is advertising himself so extensively as curing small-pox and scarlet fever in a most miraculous way in twenty-four hours, that his advertisements comes properly within the scope of a medical journal. There may be in his vicinity fools who will believe him, and it is not beyond the limits of probability that he may be called on to treat a case of variola which by his representations may be rendered neglectful of the usual precautions, and thus become a source of infection.

EFFECTS OF MATERNAL DRUG INGESTION ON THE FŒTUS.—Kubassow (*Centralblatt für Gynäkologie*, August 27, 1881) has been experimenting by means of the microphone as to the effect of drug ingestion, during pregnancy, on the foetus. Chloral and chloroform at first stimulate then have a sedative action on the foetal heart within five or ten minutes after administration. The action of either of the drugs is most powerful when given by the rectum. Opium and its alkaloids are more powerful when given by the mouth than by the rectum, and cause prolonged foetal cardiac irregularity. They are slower in action than the drugs first mentioned but the action lasts longer. Digitalis acts powerfully on the foetal cardiac pulsations. Kubassow concludes that the repetition of a more than thirty grain dose within half an hour given per rectum is dangerous to the life of the foetus. The same holds good of the repetition of one and a half grains of opium within an hour.

GRAVEL WEED.—Dr. J. J. M. Goss, Marietta, Georgia (Medical and Surgical Reporter), claims very marked diuretic properties for this plant. It is obvious, however, that cystitis and many other affections have been treated by Dr. Goss under the very general and somewhat antiquated term, dropsy. The plant contains an oleo-resin, and to this all its alleged virtues are doubtless due. The dose given is one to two drachms every hour. The gravel weed, *Actinomeris helminthoides*, is found in many parts of the Mississippi valley. Physicians might obtain results of value by experiment in these diseases.

EUCALYPTUS GLOBULUS IN TYPHOID FEVER.—D. Benjamin Bell (Edinburgh Medical Journal) is of the opinion that he has secured good results in the treatment of typhoid fever from the administration of drachm doses of the tincture of eucalyptus, well diluted with water, every three or four hours. While there are many *a priori* reasons why eucalyptus should be of value in typhoid fever and diphtheria, the evidence presented by Dr. Bell cannot be said to be the most conclusive.

LEGAL KNOWLEDGE IN MEDICAL JOURNALS.—The Cincinnati Lancet and Clinic cites the decision of a French Court, that the promises of a patient to his physician are not valid in law. Whereupon the Atlanta Medical Register, tempted by a pun not discreditable to a secondary dement, ignores the value of precedents in law by the following remark: "It does not require a French court to teach us, on this side of the water, that a sick man's promises often are as invalid as himself."

DR. S. H. WEEKS, of Portland, has been appointed by the Maine Medical School to the chair of Surgery, made vacant by the death of Dr. William Warren Green. Dr. Frederick Henry Gervis, of Portland, was appointed lecturer on Anatomy, and Dr. Charles O. Hunt, of Portland, lecturer of *Materia Medica* and Therapeutics.

LOUISVILLE, Kentucky, does not seem to be a good soil for homœopaths, as (Louisville Medical News) its only homœopathic pharmacy has just been abandoned.

RHINCANTHINA IN RINGWORM.—Dr. Liborius (Medical and Surgical Reporter) claims to have obtained very good results from the use of rhincanthia, an alkaloid obtained from the *Rhindecanthus communis*, in ringworm. The alkaloid has the formula $C_{14}H_{18}O_4$ and the infusion of the plant from which it has been obtained has long been used in India and China with success as a popular remedy for ringworm.

COTO IN NIGHT SWEATS OF PHTHISIS.—Dr. J. Stewart (Canada Lancet) has administered ten minim doses of the fluid extract of coto every night to twenty-two cases of night sweats from phthisis, with the following results: In sixteen cases the arrest of the night sweats was long continued. In four cases the arrest was very temporary in character. In two cases the remedy had no effect. The astringent properties of the drug are probably what give it value in this complication of phthisis, and these results of Dr. Stewart should certainly lead to its further trial in such conditions.

NEPHRITIS AND DIABETES MELLITURIA.—Frerichs (Deutsche Medicinische Wochenschrift, Number 24, 1881) claims that nephritis and diabetes mellitunia do not co-exist so frequently as has been supposed. Out of three hundred and sixteen cases of diabetes mellituria under his observation for lengthened period, but sixteen cases presented evidence of nephritis. Of these sixteen but three were cases where diabetes, mellituria and nephritis were alone coincident. These results are opposed to the general belief, to the results of Griesinger, Seegen, and Dickinson, but in accord with those of Tyson, and certainly bear evidence of containing fewer elements of error than those of the three authorities first cited. Frerichs conclusions are always reliable.

THE AFRICAN ARROW POISON has, it is believed, as its chief ingredient the root of a plant closely allied to the genus *strychnos*. Dr. Ringer (*American Journal of Pharmacy*, June, 1881) found this arrow poison to be a powerful muscle poison, as active as *veratria*, and unlike *veratria*, not prolonging the relaxation of a muscle after its contraction. It is a feeble poison to motor nerves, and has no effect on afferent nerves. It is as powerful a cardiac poison as *digitalin*, and more so than *veratria*. It arrests the ventricle in systole, and does not prolong the systole of the heart nearly so much as *veratria*. Its action is very slight when administered by the mouth; five minims of a five per cent. solution given hypodermically, will kill a cat in from fifteen to twenty minutes, while forty-five minims given by the stomach cause only nausea and vomiting with a little weakness.

HYDROPHOBIA AND STRYCHNINE. — A case likely to lead to interesting medico-legal discussions, recently occurred at Tipton, Indiana. A rabid dog bit an old woman and her daughter. They died two weeks after from what was regarded as hydrophobia. Suspicion being accidentally awakened, investigation led to the discovery that the son-in-law of the old woman, it is claimed, had poisoned her with strichnine. He evidently seized a fortunate period for the administration of the drug, and a skillful lawyer could easily throw much doubt on the forensic circumstantial evidence against the accused.

CYANOSIS IN STRANGULATED HERNIA. — Verneuil (*Progrès Médical*, May 28, 1881) calls attention to the existence of cyanosis in cases of strangulated hernia. The majority of these cases terminated in death, with symptoms of pulmonary hyperæmia. He is inclined to the opinion that renal conditions are in some measure responsible for this state of things, and one case reported by him certainly, seemr to some extent, to support that opinion.

DR. G. H. ROHE has been elected Clinical Professor of Dermatology in the Baltimore College of Physicians and Surgeons.

ODOFORM IN IMPETIGO and Eczema has been recently used by Dr. Squire (*British Medical Journal*, May 14, 1881) with, he claims, good results. He uses the iodoform either pure or mixed, with an equal quantity of powdered starch; the latter he is inclined to believe, lessens the irritating action of the iodoform. He first softens the scales by bathing them with soap and warm water, and then completely removes them; the new surface is then dried very gently. The iodoform being then very thoroughly powdered is dusted on, after which glycerine is lightly painted over it with a camel's hair pencil, which process is repeated during every two hours thereafter.

EXCESSIVE MAMMARY ENLARGEMENT during pregnancy, was recently reported to the French Academy of Medicine, by Dr. Monod (*Revue Médicale*, August 13, 1881.) The patient, who was exhibited to the Academy, was then in the fourth month of her third pregnancy. In the first and second pregnancies, the breasts had enormously enlarged during pregnancy, to return to their normal size on delivery. At present, the *mammæ* were of pyriform shape, and each was twice as big as the head of an adult. This hypertrophy which increased daily, had already caused a cachectic condition. He asked if abortion should be here practiced. Dr. Desprès advised suction; the patient had recovered in the two former pregnancies. Dr. Marc Sée was of opinion that suction was of but little value as the milk, which constituted the great part of these tumors, would reform at the expense of the blood, and thus increase the cachectic condition. Dr. Monod believed that suction was the most advisable procedure, and should continue to try it without permitting the patient to pass into a too extended cachectic condition and believed in abortion only as a last resort.

FATTY TUMOR OF THE TONGUE.—M. Gosselin (Lyon Médical, April 3, 1881,) has recently reported a rare lingual neoplasm, consisting of a true lipoma. The patient was a man aged forty-eight years, who had first noticed a slight elevation at the tip of his tongue, and to the right, when twenty-three years old. The tumor had gradually increased in size. Special symptoms or inconvenience were not developed; nevertheless, for the past two years, speech had become somewhat impaired. The neoplasm had attained the size of a walnut, had a distinct pedicle, and did not appear to extend into or between the lingual muscles. At the surface of the growth some ulceration had taken place. The treatment consisted of simple ablation. The microscope confirmed the naked-eye diagnosis; the mucous membrane covering the lipoma being found unchanged.

SUPERIOSTEAL EXCISION OF ULNA.—Dr. M. Kennedy, Sherman, Texas, (Medical Record, August 13, 1881,) reports the case of a lad aged eleven years, who suffered from chronic ulnaritis, the result of an injury received three years previously. Dr. Kennedy performed the operation of superiosteal excision with good results. The parts healed kindly, and bone is now being reproduced at the upper and lower portions of the periosteal sac. Passive motion at the elbow was resorted to early, and the functions of the elbow, forearm, and wrist were well preserved. Whether the operation was performed antiseptically or not is not stated in the report.

EARLY RESECTION OF TUBERCULAR JOINTS.—At the Congress of German Surgeons (Centralblatt für Chirurgie, No. 20, 1881,) Koenig discussed this subject. He divided tubercular joint diseases into two classes. First: Those where there is, at an early period, extensive destruction of the tissues of the joint, with formation of caseous ulceration and great interference with the mechanism of the articulation.

Second: Those which apply for treatment before the cavity of the joint is invaded, the disease being restricted to the articular ends of the bones, with the addition, at times, of peri-articular abscesses. In the former class there can be no doubt that resection is the only proper treatment. As regards the second class of cases, while many praise resection, Koenig does not practice it, because the operation is by no means a guarantee against subsequent general tuberculosis. Moreover, he has been able, by conservative and orthopædic treatment, to bring about recovery in such cases, with the retention of perfect or very good use of the joint. In the animated discussion which ensued, Sonnenburg, Hue-ter, Klebs, Schede, Kraske and others took part, and the greatest diversity of opinion was shown. As regards the anatomical appearances of tubercles, the weight of opinion seemed to be that this was not sufficiently characteristic to distinguish tubercular from scrofulous, syphilitic, and non-specific neoplasms. Respecting the value of inoculation to determine the tubercular nature of suspicious granulations or other elements, Klebs and Rosenbach claimed that such experiments were of positive value. If genuine tubercles were employed, local tuberculosis developed in a large number of cases at the site of inoculation, while general miliary tuberculosis not infrequently followed. Schede stated that Friedlaender and himself had frequently introduced tuberculous masses into the peritoneal cavity of rabbits, always with negative results. Thiersch believed that it was impossible to arrive at any unanimity of opinion at present on the subject, but he hoped that in the near future there would be sufficient data for the formation of definite conclusions on this exceedingly important topic.

FOOD AND HEALTH is the title of a sanitary journal which is doing good work in tracing food frauds and adulterations, and is published in New York.

ANDA-ASSU OIL.—Anda-assu, a plant of the genus *Johanesia*, belonging to the Euphorbiaceae, is known in many regions of Brazil as purgative cocoa Mello Oliveira (of Rio Janeiro, has recently, (Druggist, August, 1881) analyzed the nut of this plant, and determined the existence of an active principle which he calls *Johaneseine*. This substance is slightly soluble in water or alcohol and insoluble in chloroform, ether, benzene, or carbon sulphide. Dr. Coutz, after several experiments with the sulphate of *Johaneseine*, prepared by Oliveira, concludes, contrary to some Brazilian physicians, that this salt has no toxic action. The only noticeable effect on an ordinary sized dog was an augmentation of the urinary secretion. Dr. Torres has found the oil to act well in producing alvine evacuations in cases of hepatic cirrhosis, which results are confirmed by Dr. Fazenda. Dr. Castro, after having administered this drug several times comes to the following conclusions: Anda-assu oil may be administered in ounce and a quarter doses without producing vomiting. The purgative action of the drug is manifested two or three hours after its injection, and it generally produces three or four alvine evacuations. After the purgative action of the drug has ceased, no symptoms of irritation of the intestinal mucous membrane are perceptible. The anda-assu oil can be used in all cases where castor oil is indicated, over which it has two advantages: Firstly, it produces the same effect with one-quarter of the dose, and secondly, it is destitute of the nauseous odor of castor oil. Oliveira claims that, being more fluid than castor oil, it has not the tendency to stick to the mucous membrane of the mouth, which this latter oil evinces, and which renders its ingestion doubly disagreeable. The anda-assu fruit is richer in oil than the castor oil seed. To prepare the oil, the covering of the fruit must be removed, as in them an acrid principle exists, which gives the oil a tendency to gripe. This oil seems to be a very valuable agent.

THE TRI-STATE MEDICAL SOCIETY will meet in St. Louis, Missouri, October 25, 26 and 27, 1881. It seems singular that the society cannot find a place to meet in either Indiana, Illinois or Kentucky.

GASTRIC HÆMORRHAGES AND OPTIC NEUROSES.—The connection, claimed by Rampoldi, (quoted in the September 5 Review) between gastric hæmorrhages and changes in optic nerve, is not improbably traceable to the fact that both are due to the presence of unrecognized locomotor ataxia, the source at once of the optic neuroses and the gastric hæmorrhage.

MASSAGE FOR THE RELIEF OF TABETIC ANÆSTHESIA.—Schreiber (Medicin, Chirurgische Rundschau, April, 1881,) claims very good results from massage in a case of locomotor ataxia in an advanced stage, with lancinating pains, gastric crises, paralysis, of the abducens nerve, and complete anæsthesia of both gluteal regions. Having been convinced that massage is capable of curing the anæsthesia which presents itself in the course of neuralgia, especially in sciatic, Schreiber resolved to attempt this treatment in the case under consideration, although it has been heretofore claimed that mechanical treatment is contra-indicated in locomotor ataxia. In daily sittings of five minutes' duration, the affected parts were kneaded with the clenched fist in various directions. The manipulations were performed with moderate force, and did not cause pain. After twelve days the anæsthesia, which had existed five months without any intermissions, disappeared entirely. Türck was the first to point out that rubbing was sufficient to relieve mild anæsthesia, and he asserted that the benefit derived from salves and liniments was in a great measure due to the conjoined mechanical manipulations. What the rationale of the treatment is cannot be said. A single case is however not of much value as evidence of the good result of any treatment in any disease whatever.

DR. ARCHIBALD BILLINGS died September 5, 1881. His discovery of the "Cause of the Sounds of the Heart" gave him prominence. He was the author of "First Principles of Medicine," a text-book that has been republished in America, and of "Practical Observations on Diseases of the Lungs and Heart."

MEDICAL CIRCUS PERFORMANCE.—Gailard's Medical Journal gives the following information: "Coup's Three-Ring Circus will endeavor to secure Dr. F. D. Weisse, of New York, in his feat of firing at a cadaver, in illustration of the performance of Guitau, in his assault upon the President. The ball is warranted to take a different course at every shot, and all details will be fully reported in the daily papers."

EXANTHEMATA IN THE PUERPERAL STATE. Dr. Bartholemy (*Annales de Gynécologie*, August, 1881) comes to the conclusion, after very extensive observation, that the comparative mortality from the exanthemata during the puerperal condition, is as follows: Of the cases attacked by variola during the puerperal state, sixty per cent. die; of those attacked by scarlatina, fifty per cent. die. The percentage of deaths from rubeola is smaller in a very much more marked degree.

QUININE OLEATE.—This is not strictly speaking an oleate, but really a mixture of quinine and oleic acid. Dr. A. H. Smith (*Druggist*, September, 1881,) gives the following formula: Sulphate of quinine, one drachm; pure oleic acid, one ounce; olive oil, two ounces. Dissolve the quinine in the acid by aid of a gentle heat and add the oil; if properly prepared the solution will remain clear. It is most available for inunction in cases of debility, especially in children, and should be applied once or twice daily, and well rubbed in. Inunctions of this kind have, however, in the opinion of the therapeutical editor of the Review, not shown themselves of much value.

AN ECLECTIC college professor lectures on "Hepaticization of the liver."

DR. L. ALLEASE, a prominent physician of Freeport, Illinois, died September 6 1881.

DR. A. T. STOREN, an old physician of Oconomowoc, Wisconsin, died September 6, 1881.

DR. CADMUS, at one time a very prominent physician of Philadelphia, Pennsylvania, died September 24, 1881.

DR. J. S. TODD has been elected Professor of Materia Medica and Therapeutics in the Atlanta Medical College.

DR. W. G. OWEN has been elected Professor of the Principles and Practice of Medicine in the Southern Medical College, Atlanta, Georgia.

AMYL NITRITE IN AGUE.—Dr. Saunders, Indore, India (*Indian Medical Gazette*), claims very good results from the use of amyl nitrite in ague. He mixes the nitrite of amyl with equal parts of oil of coriander and makes the patient inhale freely four drops of the mixture. The results obtained by Dr. Saunders would seem to indicate that this remedy would prove itself of value in certain cases of congestive chills.

BLOODLESS METHOD OF TREATING SEBACEOUS CYSTS.—Scharnowski (*Medic. Chirurg. Rundschau*, April, 1881,) has treated eleven cases of sebaceous cysts by injections of a ten per cent. solution of chloride of zinc into the center of the tumor. In one case, a cyst was situated upon the upper eyelid, and measured four centimetres in diameter; the first injection was followed by moderate tumefaction and local elevation of temperature, which passed off in about five days, after which the tumor underwent marked diminution in size, and disappeared completely after three more injections had been given at intervals of five days. Several other cases were equally successful, from three to nine injections being required, at intervals of five to seven days. In no case was an abscess caused by the treatment.

LOCAL.

CHICAGO ELECTRICAL SOCIETY.

Dr. S. V. Clevenger gave a lecture before this Society, October 3, 1881, on "Medical Electricity," in which he discussed the application of electricity in medicine in its relation to diagnosis and treatment. The Doctor showed that many of the medical effects claimed for electricity were the results of expectant attention. That many of the cases reported showed an ignorance of physics which threw much doubt on the recoveries claimed under its use. He showed that electricity was largely used by a certain class of charlatans as a means of strongly impressing the imagination of their patrons. He claimed the reported cases of cure of locomotor ataxia by electricity were really remissions in that disease, and that many of the physicians reporting these cases were carried away by their enthusiasm, and failed to recognize the usual phenomena of the disease. Franklinism was regarded as unreliable and valueless in the majority of cases, and the apparatus required was considered cumbrous. The theatrical experiments of Charcot were in Dr. Clevenger's opinion unwarrantable. Dr. Morton's erroneous nomenclature was called attention to. Static electricity had in Dr. Clevenger's opinion no advantages in medicine over dynamic electricity, and its predominance in medical literature was due to fashion only. A display of instruments always heightened the effect. The lecture was well illustrated and after the usual discussion and vote of thanks the Society adjourned.

RUSH MEDICAL COLLEGE.

The thirty-ninth annual session of lectures in Rush Medical College was inaugurated Tuesday, September 27, at 7:30 P. M., in the College Building. The opening address was delivered by Joseph P. Ross, A. M., M. D.

CHICAGO MEDICAL COLLEGE.

The twenty-third annual session of the Chicago Medical College begins under unusually promising circumstances. The cur-

riculum will hereafter include a thorough course of instruction in chemical physics. A microscopical laboratory has been established, and the physiological laboratory is already in a condition of forwardness which permits more thorough and scientific work in this department. Dr. E. Andrews is now Professor of Clinical Surgery, and Dr. R. A. Isham Professor of Surgery. The chair of Hygiene and Medical Jurisprudence has been abolished. Hygiene has been added to the chair of General Therapeutics, and Jurisprudence to the chair of Organic Chemistry and Toxicology. The chair of Morganic Chemistry is occupied by Dr. J. H. Long, late of the Middletown University. In the chemical course of two additional hours have been allotted to Prof. Andrews. Dr. E. O. F. Roler delivered the opening address on the occasion of the opening exercises September 27, 1881.

THE WEST CHICAGO MEDICAL SOCIETY.

The meeting of this Society was held Monday evening, September 26, at 8 o'clock, at 533 West Adams Street. Dr. Odelia Blinn read a paper on tobacco. The President, Dr. Henry M. Lyman, reviewed the present position of antiseptic surgery.

ORIGINAL CONTRIBUTIONS.

RECOVERY FROM AN OUNCE DOSE OF CHLORAL HYDRATE.

BY M. J. MADIGAN, M. D., BROOKLYN, N. Y.

What the lethal dose of chloral hydrate is, remains to be determined. Fifteen grains have, in the hands of some physicians, caused death, while in my hands a dose of even one hundred and twenty grains has been found necessary to procure slumber in certain cases of mania, and has not been followed by an untoward result. I was, however, always of opinion that the slightest cardiac irregularity was an imperative contra-indication for chloral in any dose. The largest single dose ever administered to my knowledge was that in the case I am about to report. The preliminary circumstances of the case are as follows: A brother, also a physician, of a physician in one of the largest cities of the

United States, had become an inebriate and a chloral habituée. The latter induced a Canadian superintendent of an American Asylum for the Insane on the plea of being a fellow-countrymen to give his inebriate brother a chance as assistant physician to the asylum. These circumstances were at first unknown to the other assistant physicians who treated the inebriate gentleman as one of themselves. One night, when the other physicians were not on duty, this inebriate physician was suddenly called to attend an epileptic who had passed from the status epilepticus into a furious state of post epileptic mania. He hurriedly put up a two ounce mixture of a one to one solution of chloral hydrate and administered one-half of this to the patient who, within five minutes, sank into a deep slumber. The attendant of the ward noticed that the odor of the physician's breath and the odor of the medicine given the patient, with which he was very familiar, were the same, but this circumstance would have passed unnoticed had not the physician poured forth a mass of inarticulate and incoherent directions. It was then that the attendant's suspicions were aroused, and he summoned the watchman who called the other physicians, of whom I was one. The quantity of chloral given being ascertained, the patient's stomach was first washed out with a mucilaginous liquid which was removed by means of the stomach pump, smelling somewhat of chloral; it was however obvious that the greater part of the chloral had been absorbed. Hypodermics of whiskey and strychnine were given the patient, who, however, remained in a state of relatively natural slumber for forty-eight hours.

The pulse of the patient when first seen was one hundred and sixty to the minute, and his respiration twenty-four; his face was pallid, but none of these things were directly traceable to the chloral. Other than the prolonged slumber no untoward results occurred and no extraordinary phenomena presented themselves until the third day subsequent to the administration of the drug, when a very vivid scarlatinaform eruption involving the entire body made its appearance, which fully desquamated within two days after its appearance. The patient's convulsions were fewer in number after his recovery from this excessive dose, but the buccal mucous membrane was for a long time markedly tender. The physician who had administered the drug was, after the patient was duly attended to, examined.

His pupils were markedly dilated and the iris presented the peculiar bluish hue of well watered milk. He poured forth a flood of inarticulate, incoherent sounds. The peculiarity of his pupils just mentioned had long been noticed by the other physicians, but was now for the first time traced to its source in the use of chloral hydrate, which, as it afterwards was learned, mixed with whiskey he had long been in the habit of taking. He was allowed to resign, and the fortunate recovery of the patient permitted the affair to be hushed up. The interesting circumstances of the case are, the recovery from the enormous dose given, the peculiar conditions in which it was given, and the rather bizarre and somewhat tragicomic idea of a superintendent of an insane asylum appointing an inebriate friend to the position of an assistant physician as a means of reforming him. The case once more raises the mooted question, What is the lethal dose of chloral?

309 Halsey Street.

CORRESPONDENCE.

*CHINESE OPIUM SMOKING—OPIUM
EATING AND OPIUM SMOKING COM-
PARED—INTERVIEW WITH DR.
HAMMOND—WOUNDS OF THE
VERTEBRÆ NOT NECES-
SARILY FATAL—CRIT-
ICISM OF THE SUR-
GICAL TREAT-
MENT OF THE
PRESI-
DENT.*

NEW YORK, October 1, 1881.

Your correspondent made a night visit to the opium dens of Chinatown, at the invitation of Dr. Kane, the well-known superintendent of the De Quincey Home for opium habitués. Before starting on our expedition, we inspected a complete "outfit" for opium smoking, including an original Chinese opium lounge which the Doctor has collected in his office. Some remarkable tracts against the habit in both the Chinese and English languages, with still more remarkable illustrations were also examined. In one of these the different stages of degradation through which the opium smoker is supposed to sink to an untimely grave, were graphically depicted. In the first stage the artist had not neglected to indicate the increase of sexual appetite notice-

able in the smoker, by depicting the pig-tailed worshipper of Buddha in company with lewd women. This stage is however a brief one and soon gives way to sexual impotence, and finally the sufferer is represented roaming around the woods, half naked, insane and starving to death.

We left, however the numerous printed and written documents, including the translated Chinese State Papers on opium smoking, for a later examination, for on that evening we were to see the true effects of opium smoking as experienced by the average smoker in reality. On entering Mott Street which is the commercial center of the district where the Chinese most do congregate, we found ourselves in a region which it required no fancy to suppose a suburb of Peking. Chinese grocery stores with their quaint pots and chests, dried oysters, vegetable and roots, imported from China, Chinese restaurants with their miniature tables, undigestible dishes and chopsticks, Chinese signs everywhere, and even a veritable Chinese deputy sheriff who had invaded the sacred precincts with a profane cigar store; hardly a Caucasian visible, nothing but Mongolian physiognomies, some with the true Celestial facial conformation smooth and beardless, with almond eyes and classical pig-tail, others with swarthy Tartar countenances, villainous eyes and scraggy beards; by the initiated we were told of the different breeds of Chinamen inhabiting the district, of their internecine feuds, but we saw none of this for in Mott street are located the opium and gambling dens which all of the expatriated subjects of the Chinese emperor agree in patronizing, and where their harmless word-battles appear to cease. We first entered a den patronized by American smokers. Here we found seven men and one woman. I was about to say lady, had not her position, recumbent on a lounge, rather conflicted with the traditional social notions on posture, engaged in smoking. It is a general and erroneous idea that opium is smoked something like tobacco, and often have I seen maudlin sentimentalists stand in front of a Chinese laundry where an inmate was smoking one of their long, reed stemmed tobacco pipes, and point out the unconscious celestial as a man in the grasp of the opium fiend. The only writers who to my knowledge have recently described the art of opium smoking are Bayard Taylor and Dickens. The smokers are very hospitable, in fact one of the characteristic

effects of the habit is the feeling of good fellowship it creates, and I was compelled to smoke about five pipes before I could get out of the place. The imported extract is placed on a covered bowl, with a slight perforation so that it may adhere, then it is inverted over an alcohol lamp, and the other end is placed in the mouth, which latter goes through the same mechanism involved in the imbibition of a sherry cobbler. Care is taken to let the extract just fizzle without catching fire, and in less than a minute the pipe is smoked. Here I experienced the first instance of the utterly unreliable character of the average traveling works on the subject of opium. I had from my reading expected to be prostrated, to repeat my first sea-voyage experience, but none of that; on the contrary with the exception of a scarcely noticeable fullness of the head, referable, I think, rather to the confined atmosphere and the Chinese pastilles burnt as perfumery in it. I noticed nothing unpleasant. Nor did I in my visit to either the American or Chinese dens see a single person who exhibited the slightest indication that the habit had had an injurious effect, they were all, Circassian and Mongolian, male and female, averagely healthy, and some of them even the picture of health. There evidently has been a good deal of sentimental gush about the subject. I found the opium smoker quiet, inoffensive, and inclined to an unobtrusive sociability; the contrast of a groggery or of a Chatham Street "dive" was actually discreditable to the Caucasian race. My companion told me that while he had treated hundreds of opium habitués who had used morphia hypodermically or by the mouth, he had had occasion to treat but a single opium smoker. How many cases of delirium tremens, of alcoholic insanity, of renal and hepatic disease could have occurred among five hundred devotees of rum in the same time?

There is morally and medically as great a difference between him who uses morphia hypodermically, or opium by the mouth, and him who smokes opium, as there is between the man who drinks raw spirits and absinthe "by himself" and him who takes his wine or beer in company.

I am led to believe from what I saw that opium smoking may become an important therapeutic appliance in many cases of distressing thoracic affections, particularly in irritable phthisis and bronchitis. The great objection is, that it may become an invet-

erate habit, and perhaps more injurious to the purse than to the nervous system.

Dr. George F. Shrady, of the New York Medical Record, and Dr. F. D. Weisse, are in Washington engaged with Dr. Bliss in an examination of such morbid specimens of the late President as were affected by the ball which have been preserved to illustrate the report of the consulting surgeons, for the purpose of verifying it, as far as possible. The report will give a full history of the case. Dr. Weisse is reported to have said that, while he has been confident up to the hour of the president's death that he would recover, he was now satisfied the wound was fatal from the first. Dr. Shrady is said to agree with him fully. While the new development of the autopsy arising from this visit of Drs. Shrady and Weisse to Washington may be as reported, this will naturally create some curiosity in the profession as to why these two gentlemen, neither of whom is specially distinguished as a pathologist, were the only ones able to make the diagnosis of a dissecting aneurism of the splenic artery not having been present at the first autopsy. There is even in their report a manifest contradiction which may however be due to its being reported by the ordinary reporters of the lay press.

Your correspondent was unable to find more than Dr. Hammond at home in time to complete the intended interviews. It was his intention to interview Drs. Sims and Sayre, but these gentlemen could not be reached in time for the present issue. The following is the result of the interview of Dr. Hammond:

Question. What has been your experience with gunshot wounds injuring the bodies of the lumbar vertebræ?

Answer. I have not seen, at least I do not recollect having myself seen a case, resembling the President's in this respect, that no other vital organ was injured.

Question. Would you consider a gunshot wound involving a vertebral body, that being the chief injury produced, and with the retention of the bullet in the wound, unqualifiedly fatal?

Answer. By no means, here in the second edition of Dr. Frank Hamilton's excellent text-book on Military Surgery, page 106, a case is reported, that of William Nedden, Private 20th Volunteers, wounded by a rifle ball, March 16, 1865, which traversed his loins and "grooved" the second lumbar vertebra. Paralysis immediately en-

sued, as in the President's case, and similarly disappeared. In September of the same year a small piece of bone with an attached fragment of lead was discharged, and by September 19, 1867, only slight paralysis of the bladder remained, and the wound had closed. There was a slight posterior curvature of the spine in the region of the first three lumbar vertebræ. The ball was detected two years and a half later in the lumbar muscles of the opposite side, flattened at one end, and encrusted with some calcareous deposit. This patient made a good recovery and was exhibited before the New York Pathological Society, the members present all concurring in the belief that the second lumbar vertebra had been injured. So you see such cases, and this one is as much like the President's as two cases can well be, are not necessary fatal.

Question. Do you think that the presence of the bullet, or that of splintered fragments of bone, may be considered to have been the chief sources of irritation in the President's case?

Answer. I think there can be no doubt that the bullet per se had very little to do with the serious relapses that marked the progress of the case.

Question. What in your opinion was the cause of death?

Answer. I must say that I do not see my way sufficiently clearly through the inherent contradictions of the post-mortem report to give a very positive answer as to the immediate cause of death. The actual cause in my opinion was pyæmia due to non-disinfection of the track of the ball.

Question. So you do not consider the post-mortem report a very satisfactory one?

Answer. Certainly not, the one, thus far given to the profession, but I shall reserve my opinion on that point, at least in part, as it is intimated that a more complete history and post-mortem record will be published before long.

Question. What is your opinion as to the relation between the secondary hæmorrhage, found after death, and the pain experienced by the President just before he died?

Answer. I do not think there is any. I am as I intimated not very well satisfied in my own mind as to the character of that alleged hæmorrhage, but there is no doubt in my mind that the President died with a heart clot, such as is formed in any prolonged agony, and particularly in exceedingly exhausted subjects.

Question. Do you agree with Dr. Bliss in calling such a condition neuralgia of the heart?

Answer. The term in that association is nonsense.

Question. Do you not believe that if a surgeon endowed with the *tactus eruditus* had carefully examined the track of the ball, he would have found some irregularity about the vertebral body which might have led him to further explorations, and to perhaps a rational surmise as to the location of the ball?

Answer. Unquestionably, and the hole cut through so spongy a bone, would have been found so clean and direct, that a Nelaton's probe could have been carried through and the ball possibly be detected.

Question. If the ball had been detected, an operation for its removal would have been a very grave surgical undertaking?

Answer. Certainly not as serious a one as lumbo-colotomy or nephrectomy?

Question. But I see here that in this night's Telegram, Dr. Hamilton is reported as saying in a sort of ironical manner, that the bullet could have been removed if the lumbar vertebra had been dissected out, the aorta, vena cava and the thoracic duct divided, and a wound twelve inches deep made by the surgeon's knife, by which time the patient would have been dead?

Answer. If that statement is correctly reported, I can consider it nothing less than an inexcusable perversion of facts, and an intentional deception of the public.*

Question. Do you think that the surgeons in charge could have made the mistake of taking a fistulous tract for the bullet channel, if an adequate examination of the wound had been made in the first place?

Answer. No, for the simple reason that the fistula did not form for many days later.

Question. Do you think that anything in the history of the case or the post-mortem revelations would have justified an abdominal section, for the purpose of removing the ball?

Answer. There is a curious contradiction on that head in to-night's Record, here in an editorial, it is said by some one who ought to have some information to justify so remarkable a statement, that the bullet was found among the intestines after they had been removed from the abdominal cavity. That does not tally with the language

of the autopsy report, which states that the bullet was behind the peritoneum, unless we assume some extraordinary dissecting. If the report is correct, an attempt to open the abdominal cavity would have been unjustifiable.

Question. Do you feel satisfied that the secondary hæmorrhage was the immediate cause of death, or had anything to do with it?

Answer. If there was such a hæmorrhage some explanation as to its nature and origin should have been made, the natural supposition is that there was ulcerative and necrotic usure of the bloodvessel; in that case the hæmorrhage may have been a slow and gradual one. It is very unfortunate for science that the body was injected with chloride of zinc, such injection may break and dislodge clots, and it is very easy for Dr. Bliss to deny the existence of a heart clot when the embalmer destroyed it eight hours before hand.

Question. Doctor, would you say that the President's treatment had been bungling all the way through?

Answer. The fatal neglect in my opinion, I do not say mistake, for mistakes are pardonable, neglects never! The fatal neglect was the not making a proper examination of the wound in the first place. The President, as his long and heroic struggle and the rapidity of his reactions proved, was a man of splendid constitution, and such an examination should have been made the first day. But it is a fact, that for four hours his clothes were left on him, and for ten hours no examination was even attempted, and then the only surgeon, Dr. Wales, who attempted one, was checked and dismissed. In the subsequent treatment many of the fundamental maxims of surgery were lost sight of. Dr. Hamilton, in a work intended to teach young surgeons their business, lays down the following rules, not one of which was complied with in the treatment of this important case. He says that it cannot be too strongly urged that if you wish to give your patients the best chances, that pieces of clothing, loose splinters of bone should be removed, unless they are in the large cavities, when special rules laid down in other parts of the book govern the case. He adds that many unfortunate examples illustrate the results of neglect to follow this rule, that patients have lain in hospitals for many months, when the happy discovery of a little splinter or a few shreds of clothing relieved them.

* It was repeated in the morning dailies, and has not been corrected by Dr. Hamilton.

He insists as far as the ball and other bodies are concerned, that their removal is easier in the first few hours than later, owing to the subsequent narrowing of the wound channel.

Question. And you think it would have made some difference in the case if these precautions had been taken?

Answer. I think there would have been a reasonable hope of the President's recovery, especially when we bear in mind his splendid constitutional condition.

Question. Do you think any positive damage was done aside from the negative damage by neglect?

Answer. None, except the persistent efforts to keep open a fistula that ought to have been permitted to close, under the erroneous idea that it was the bullet tract, and thus increasing the pus absorbing surfaces. All this can, however, be referred to the original neglect as the one fatal fault of omission. J.

LONDON LETTER—DR. VOLKMANN'S ADDRESS.

LONDON, September 10, 1881

"Professor Nussbaum has drawn this comparison between then and now in his clinic in clear traits, and with manly candor; he has shown that for forty years under his own direction, as well as under that of his predecessors, among whom was Stromeyer, fatal wound-diseases raged, that nearly all patients with complicated fractures died of them, and even those with the slightest injuries often succumbed to them; that erysipelas and abscess were matters of daily occurrence; that during the latter years hospital gangrene also appeared and attacked the dreadful number of eighty per cent. of all wounds and sores; that he stood helpless and powerless before all these conditions, and that at one step, after the general introduction of the antiseptic method, all this ceased, and instead of that, even after great operations, healing by first intention was introduced as an entirely new result.

Two examples will suffice, compound fractures and major amputations. The mortality after compound fracture had, during the long labors of my predecessor as well as during my own, reached the sad height of forty per cent. When I adopted the antiseptic treatment of wounds, my last twelve patients, with compound fracture of the leg, had all died of pyæmia or septi-

cæmia. From that time up to the present day I have treated, one after another, one hundred and thirty-five compound fractures, and not a single patient has succumbed to either of those accidental wound diseases; one hundred and thirty-three were cured, two died, one of fatty embolism of the lungs, during the first few hours; and one, a drunkard, of delirium tremens.

"My friend Dr. Schede has made a calculation which will, I believe, interest you. He has studied the reports of a great number of amputation cases of the old period, so that he was able to distinguish those in which death resulted from pyæmia or septicæmia; those therefore which we now save, and the remaining cases also amounted to about five per cent. In these four to five per cent., besides those fatal cases caused by mistakes in treatment, those are also included which in amputations after serious injuries must be laid to the door of the shock caused by the previous serious loss of blood. We may therefore declare that amputation of the larger limbs has been made almost absolutely free from danger, at any rate, much less dangerous than many small operations were formerly, whose mortality was never discussed. After extirpation of sebaceous cysts in the head, occasionally one or other of those operated on perished; and a by no means small part came off only with their lives. It is true, I must disguise the fact, that my numbers have been slighted. It has been said that I kept back the unfavorable cases, and thus improved my figures of mortality. Quite lately a French colleague of mine declared that in France it would not be possible to agree to my sort of statistics!

"But, gentlemen, what do we want? Do we want to count the amputated limbs like fallen apples, picked up from under the tree? Or do we want figures that answer questions which have a practical importance? If we want to know how dangerous per se is amputation at the upper part of the thigh, we cannot learn this from the patients who already suffer from severe septicæmia, or who, besides, suffer from severe brain injuries; and if we want to know how dangerous it is to remove one thigh, we cannot make use of cases where both have been amputated. But I will not complicate these statistics in order, as my opponents say, to contrast the most favorable with the most conceivably unfavorable cases. During the time of which I speak, fifty-seven large limbs were amputated, lost

according to common parlance, because of acute progressive septic processes, chiefly patients with severe open fractures, wounds of the joints, and laceration of the soft parts, who were brought to us too late from the country, cases of embolic mortification and large putrid abscesses. All patients in whom signs of mortification had shown themselves, not counted. Of these fifty-seven amputated cases, in which, in almost half, the operation concerned the thigh, fully seventy per cent. were cured. A mortality of thirty per cent. is lower than I formerly attained to in cases of primary amputation. It shows best how erroneous are the views of those who contend that antiseptic surgery can only attain results in prophylaxis. Far more rapidly than by means of figures and a survey of successes, we can attain to a comprehension of the enormous advance achieved by modern surgery when we see what is actually done in the domain of operations, what is held permissible, and what is done and risked daily without danger to the patient. For this it is not needful to be a surgeon, not even a doctor, in order to testify to the changes that have come about. Operations are now conducted which fifteen years ago would have been regarded as madness, or as crimes.

"Do you think, gentlemen, that one of us older ones could so easily take up the idea of Ogston's operation? For this one must be young, and have grown up in the new thoughts and surroundings, and only know the sad experiences of older surgery as a legend. It is far from me to wish to discuss the value of the operation for the cure of genu valgum. I only wish to show from what one does not shrink. It will always remain of historical interest that, a few years after a great war, in which we were obliged to let the greater number of our wounded die in whom a ball had pierced the kneejoint capsule without hurting the bones, we dared to saw off in the dark within the joint a condyle, leaving blood and sawdust behind. Further, it would be easy to produce numbers of as apparently venturesome operations of which no one doubts the necessity or permissibility.

For a large enchondroma in the costal pleura that occupied the left wall of the thorax, Dr. Fischer removed a large piece of the chest-wall and ribs, so that the heart and lungs were exposed and an opening as large as a child's head was made, and yet the patient was able to be discharged from the hospital after four weeks. In the case

of a large echinococcus of the liver, which in front and at the side was covered with thick layers of liver tissue, and which projected into the thoracic cavity, after resection of the seventh rib, I opened the healthy pleural cavity, which was free from adhesions. The thorax was freely opened, the thinned diaphragm cut into, the echinococcus sac opened, the animal extracted in toto, and the patient recovered without complication. A similar operation, with like results, was conducted by Mr. Israel, of Berlin. Mr. Hahn, also of Berlin, in two cases of wandering kidney, where the mobility and the discomfort induced thereby had attained an unusually high degree, drew out the organ in question through a large wound in the loin, and sewed it into the same. Both patients recovered and lost their pain. The opening of the joints seems a most innocent performance. Hips and knees are cut open in order, in a case of luxation, to search for the obstacle which opposes itself to reduction, in order to suture the ruptured tissues, and in obscure symptoms to clear up the diagnosis in vivo by means of autopsy. More than two hundred times I alone, without in one instance bad results following, have incised, drained, and washed out diseased knee-joints without exciting suppuration.

Bone and marrow tissue will submit to every kind of treatment without putrefying and without suppuration. Orthopraxy celebrated its greatest triumphs in saving and straightening limbs. We read that Mr. McEwen alone has performed eight hundred and thirty-five osteotomies, of which eight hundred and twenty-seven were healed without suppuration, and he lost no patient from the operation itself or from its consequences. To facilitate the healing of empyemic cavities, Mr. Schneider resected from six to nine ribs, and even the clavicle. In very painful cases of syphilitic hyperostosis I myself have repeatedly exposed the tibia in its whole length, and knocked off with a chisel a whole handful of bone shavings. The cure was rapid; the pains disappeared. The old opinion that in cases of strumous suppuration wounds heal less well has been set aside, the largest scrofulous abscesses, even if they come from the spinal column, can be opened not only without danger, but often healed in a brief time through a special kind of first intention. The feat of excision of part of the stomach has excited the whole world, perhaps to excess, since the same operation has been al-

ready effected upon the intestines with the happiest results. Weak, paralyzed persons, who formerly were anxiously shielded from every injury, have had their main nervous system exposed, to subject it to thorough manipulation.

Cast a glance at the surgical clinics of hospitals, where these are conducted by men who have willingly given up the hardly won results of their own work, and have entirely adopted the knowledge and power of our new art, and here too you will see the greatest changes; cases of operations and wounds without fever and pain, a happy result being regarded as certain; no traces of blood and wound secretions on the bandages, let alone on the body and bed-linen; disappearance of that incessant activity of untrustworthy and senseless assistants, the continuous putting on and taking off of compresses and cataplasms, the regular change of bandages repeated every morning and evening. It would thus appear that in association with anæsthetics and the bloodless method, antiseptic surgery has deprived all important operations of their terrors. Certainly the preparations for an operation are often tedious, the first cleansing and preparation of a fresh wound circumstantial and lengthy, but with the first dressing an immense amount of work has been obviated, which formerly extended over the following weeks and months. By the latter course, the fate of the wounds of the patient, is as a rule determined and assured by this first dressing; we can heal an amputation wound with one or two dressings.

CHICAGO, October 1, 1881.

DEAR REVIEW: Dubitandum Esse is the caption of an article published in the Review of September 5, in which I am told that the Chicago daily newspapers publish fac simile autographs of several distinguished gentlemen of the medical profession of the city, attached to certificates testifying to the utility of an article of female underwear. Might not the department of medical literature, which is devoted to medical certificates, be advantageously brought under some such regulations as are supposed to be necessary to govern the practice of professional specialties? Thus, while certificates relating to mineral waters, spectacles, proprietary nostrums and the like might be written exclusively by male practitioners, the entire field of feminine undergarments might be

reserved for the female practitioners. With these articles the ladies are certainly more familiar than their professional associates of the other sex are likely to be, and are quite as capable of judging of their merits, while they would feel less delicacy, and exercise more freedom in the investigation of any doubtful question relating to the subject that might arise. Considering the number and respectability of female practitioners in the profession I do not think this is more than we may reasonably claim.

Yours respectfully,

JANE MATILDA BARBIERENLEHRE, M. D.

REVIEWS.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM, by Ambrose L. Ranney, A. M., M. D. New York: D. Appleton & Co., 1881; Jansen, McClurg & Co., Chicago.

Scarcely has the medical press of the land paused in the condemnation of the cowardly plagiarism committed by the present author, and in the strongest terms denounced the literary robbery of which he has been guilty toward a deceased translator, when he again steps into the arena to confront, and, the reviewer was about to say, to defy the medical reading public. The present work is unquestionably the most remarkable specimen of the book-compiling art yet encountered by the reviewer. The reviewer had asked himself the question: What were the precise grounds of its appearance? And is able to offer the following dilemma, either horn of which the reader may adopt, in answer to this question: First: The publishing firm had a number of electrotypes on hand, representing cuts, more or less remotely relating to the nervous system, and desirous of issuing a book, employed Dr. Ranney to "compile" an accompanying text. This explanation is the least probable one. Second: Dr. Ranney adopted the ordinary plan of ambitious medical advertisers, and paid the publishers for the use of their name and the loan of the cuts. This discreditable plan is so frequently adopted now-a-days, that the endorsement of our leading publishing houses has come to be altogether valueless as a test of worth.

The contents of the volume are in the highest degree commonplace. The recent monographs of Ferrier and Charcot, the text-books of Flint and Foster, and even primitive student's hand-books, like Dalton,

have constituted the main sources of the compilation. The matter is much of it ill-selected and all of it ill-arranged, some of the figures have no relation to the text, and much of the text relating to the figures, hardly applies to them at all. In fact there is serious doubt whether Professor Pattison's posthumous plagiarist had an exact comprehension of the bearing and source of his illustrations. One and the same diagram of the cord, for example, is given twice, once as reproduced from a block of Dr. Hammond's, in which the anterior cornua are directed upwards, and once as reproduced from a simpler drawing of Dr. Seguin's, with those cornua directed downwards. Dr. Ranney seems to be altogether unaware that both Dr. Hammond and Dr. Seguin copied their diagrams from Flechsig, and that neither of these writers made, or ever claimed to have made researches on the normal anatomy of the spinal fasciculi. Other matters are credited to Dr. Seguin and others, which these gentlemen have adopted and generally acknowledged from foreign sources.

On the whole there is nothing of the "Anatomy of the Nervous System" in this book worth mentioning, except that of the peripheral nerves, and that is culled from the standard text-books, and seasoned with a little cram-quiz sauce. There is naught but the most superficial kind of cerebral anatomy in the volume, and the reader will seek in vain for the newer results of Flechsig, Luys, Meynert and Forel, and what little of the deeper structure is spoken of was never clear in the author's mind. In short, taking the title of the book, it does not seem to represent the contents, there is little anatomy of the right kind, and absolutely nothing deserving the title "applied" in the work at all.

It is to be hoped that the reception which this work is bound to encounter at the hands of intelligent readers and critics, will like the condemnation of the Pattison-Ranney plagiarism by the medical press, prove a warning to publishing firms, and teach them the less on that there are limits beyond which the toleration by the profession of bad and useless compilations cannot be stretched. It is high time that a system of publication, under which even a congenial imbecile might parade as an author, should be done away with. It seems that all that is necessary to do in order to shine as a literary authority is to buy the publisher, borrow the cuts, and, as

is known to have been the case in several instances, hire a "secretary" to write or translate the text of the work.

MINOR SURGICAL GYNÆCOLOGY—A Manual of Uterine Diagnosis and the Lesser Technicalities of Gynæcological Practice, for the use of the Advanced Student and General Practitioner, by Paul F. Mundé, M. D., Professor of Gynæcology in Dartmouth College, etc. New York, William Wood & Co., 1880; W. T. Keener, Chicago.

This is perhaps one of the most practically written works in Wood's Library for 1880. Part one, which takes up more than one hundred pages of the book, deals with the various means of diagnosis, more especially the different modes of physical examination with and without instruments. Dr. Mundé is inclined to believe that digital examination in the standing position is by no means as frequently employed in the United States as it should be. He makes the rather unusual claim that the healthy ovaries cannot be detected by the vaginal touch alone, but may be recognized by abdomino-vaginal palpation. He has the proper appreciation of the value of Sim's speculum, and in this he will be fully supported by all progressive gynæcologists. He gives judicious advice as regards its use, but the impossible illustrations scarcely do more than mar the value of this advice. He points out the dangers of the sound as a repositor, page 91, but somewhat destroys the force of this on page 304. The author seems to have a rather heroic faith in the use of the curette for diagnosis. In the second part on Therapeutics, many valuable hints are given, but some rather amusing chemical errors occur. For example, an excess of acid is to be neutralized by a solution of chloride of sodium. The author's faith in the lever-like action of the Hodge and allied pessaries will be questioned by many authorities. The author's style is somewhat cumbrous and inelegant, and is especially marred by a terrible proclivity to pile "Pelion on Ossa" in the use of adjectives. The book contains cuts and descriptions of many instruments which, although now in common use, have not for a number of years been used by any one who has been abreast of the time, and by the use of which any one would be properly written down as an unprogressive man. At the same time the book contains much information that many doctors desire, and

will therefore be a somewhat general favorite. From the standpoint of the advanced gynecologist, the work may be said to be rather demanded by the profession, than in reality much needed.

BOOKS AND PAMPHLETS.

E. F. Smith, M. D., Muhlenberg, and John Marshall, M. D., Philadelphia, Pennsylvania. Chemical Analysis of the Urine based in part on (Casselmann's Analyse des Harns) with Illustrations. Philadelphia: Presley Blakiston, 1881; W. T. Keener, Chicago.

Rodney Glisan, M. D., Portland, Oregon. Text-Book of Modern Midwifery, with One Hundred and Thirty Illustrations. Philadelphia: Presley Blakiston, 1881; W. T. Keener, Chicago.

John B. Roberts, M. D., 1118 Arch Street, Philadelphia, Pennsylvania. Annual Announcement of the Courses of Lectures Delivered in the Philadelphia School of Anatomy (For Practical Medicine and Surgery) Hunter Street, above Tenth. Philadelphia. Forty-Third Year, 1881-1882.

John M. Gregory, L. H. D., President Illinois State Board of Health, Harristown, Illinois. Official Register of Physicians and Midwives, to whom Certificates have been issued by the Illinois State Board of Health, under the Act of May 29, 1877, and of Physicians and Midwives who have registered in the County Clerks' Offices, under the Act of May 25, 1877, and who claim to have practiced in Illinois ten years prior to July 1, 1877, but to whom no Certificates have been issued. Springfield, Illinois, 1881.

John M. Gregory, L.L. D. Remarks to the Illinois State Board of Health. Common Dangers to Health: Bad Air, Bad Water, Bad Food.

Illinois State Board of Health. How to Prevent the Spread of Small-Pox. Springfield, Illinois, June, 1881.

R. L. Parsons, M. D., Greenmont, near Sing Sing, New York, On the Private Care of the Insane. Reprinted from the Alienist and Neurologist, October, 1881.

W. H. Byford, A. M., M. D., Chicago, Illinois. The Practice of Medicine and Surgery applied to the Diseases and Accidents Incident to Women. Lindsay & Blakiston, Philadelphia, Pennsylvania.

H. P. C. Wilson, M. D., 146 Park Avenue, Baltimore, Maryland. Uterine Dilatation with a New Instrument. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children. Vol. XIV, No. 3, July, 1881.

THE ARMY.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from August 29, 1881, to September 12, 1881.

Byrne, Charles C., Major and Surgeon. Relieves from duty at Angel Island, California, and assigned to duty as Post Surgeon at Berricia Arsenal and Attending Surgeon at Berricia Barracks. S. O. 142, Military Division of the Pacific and Department of California, August 23, 1881.

Coues, Elliott, Captain and Asst. Surgeon. Granted leave of absence for one month, to take effect when relieved by a medical officer, with permission to apply for three months extension. S. O. 97, Dept. of Arizona, August 22, 1881.

King, Wm. H., Captain and Asst. Surgeon. To accompany Battery "I," Third Battery, to Yorktown, Virginia, and remain with it until further orders. S. O. 153, Dept. of the East, August 31, 1881.

Adair, George W., Captain and Asst. Surgeon. Granted leave of absence for two months. S. O. 196, A. G. O., August 26, 1881.

Strong N., First Lieutenant and Asst. Surgeon. To proceed to Park City, Utah, report for temporary duty to commanding officer of the troops en route to Fort Thornburgh, Utah, and remain on such duty until arrival of Capt. W. C. Shannon, Asst. Surgeon, U. S. Army. S. O. 84, Dept. of the Platte, August 29, 1881.

Arthur, W. H., First Lieutenant and Asst. Surgeon. Granted leave of absence for one month, to take effect from the date of return of Surgeon Forwood to Fort Omaha. S. O. 82, Dept. of the Platte, August 24, 1881.

Bushnell, C. E. Asst. Surgeon. Relieved from temporary duty at Fort A. Lincoln, D. T., to take effect on his arrival at that Post, and to proceed to Fort Ellis, M. T., and to report to the commanding officer for duty at that Post, to relieve Asst. Surgeon E. F. Gardner. S. O. 150, Dept. Dakota, August 17, 1881.

Robinson, Samuel Q., First Lieutenant and Asst. Surgeon. Relieved from duty in the Dept. of Dakota, and to proceed to Boston, Mass., and report by letter, upon arrival there, to the Surgeon General. S. O. 193, A. G. O., August 23, 1881.

Powell, J. L., First Lieutenant and Asst. Surgeon. Granted leave of absence for one month, to take effect as soon as the Medical Director of the department shall have completed certain inspection duty at Fort Stockton, Texas. S. O. 99, Dept. of Texas, August 13, 1881.

Bushnell, Geo. E., Asst. Surgeon. Granted leave of absence for fourteen days. S. O. 145, Headquarters Dept. Dakota, August 9, 1881.

Bushnell, G. E., Asst. Surgeon. Relieved from duty at Fort Yates, D. T., and to report to commanding officer Fort A. Lincoln, D. T., for temporary duty, on expiration of leave of absence. S. O. 146, Headquarters Dept. Dakota, August 11, 1881.

Gardner, E. F., Asst. Surgeon, upon being relieved by Asst. Surgeon Bushnell, is relieved from duty in Dept. of Dakota, and will comply with Par. 3, S. O. 171, A. G. O. S. O. 150, Dept. of Dakota, August 17, 1881.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

EDITORIAL CORPS:

J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.

E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.

CHRISTIAN FENGER,
Surgery.

HENRY GRADLE,
Physiology, and Diseases of the Eye, Ear and Throat.

HARVEY W. WILEY,
Chemistry, Toxicology and Public Hygiene.

ALEXANDER J. STONE,
Midwifery.

E. C. DUDLEY,
Gynæcology.

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VOL. IV. No. 8.

CHICAGO, OCTOBER 20, 1881.

\$2.00 A YEAR.

NEUROLOGICAL POPERY.—The editorial notices appearing in the Review, dealing with the recent exposures of asylum mismanagement, have generally met with commendation from various impartial sources. It seems, however, that a certain corporation of neurologists in New York and its vicinity, while perfectly willing that these criticisms should be made with regard to all and any other asylums than the one under the superintendency of one of their number, are touched to the quick as soon as a due share of criticism, in the course of its proper distribution, falls to the share of the Flatbush Institution. Knowing well from what source these criticisms originate, those anxious to defend that institution, or, rather its superintendent, are sufficiently cautious not to appear in print over their own signatures. To endorse the errors which have been criticized, would indeed reflect no inconsiderable amount of discredit, scientifically speaking, on the endorsers, and to avoid this quandary the apologists of the Flatbush asylum make use of the editorial columns of an Eastern cotemporary; we say "Eastern" cotemporary, as we ourselves are referred to in the editorial in question as a "Western Medical Journal."

THE counter-claims which this Eastern cotemporary advances against the Review,

are the following: First: That the report of the Hon. Ripley Ropes was unjustly used as the basis of an attack on the Flatbush asylum. Second: That instead of any of the errors in management being attributable to the Medical Superintendent, as we claimed, that these occurred in spite of him, through political and kindred influences. Third: That parsimony cripples the "wisest" efforts of Dr. Shaw; and Fourth: That the charges of the Review are based upon either "great ignorance" or "malice." As regards the first count, it is a gross misrepresentation of the position of the Review. A speaker at the first meeting of the National Association for the Protection of the Insane, had claimed in the presence of the Superintendent of the Flatbush asylum and also of the writer of the very editorial now being referred to, that by the abolition of mechanical restraint, the Flatbush asylum, from one of the worst, had become one of the very best asylums of the world. This statement was permitted to pass unchallenged and uncorrected by both the superintendent and the writer of the editorial in our Eastern cotemporary. Our Eastern cotemporary does not venture to question a single clause in the Hon. Ripley Ropes' report, and that report if it shows anything, shows in every line of its text, that no asylum could be much worse than

the one at Flatbush. As to the second count, the Review does not strongly insist that Mr. Ripley Ropes' report should constitute the basis of a criticism on the medical management of the institution. That it does so in point of fact, can, however, be read between the lines. Fortunately, our assertion rested on competent expert testimony, that of Dr. Landon Carter Gray, who stated that there was nothing meriting the name of a classification of patients or proper treatment, attempted at that institution. Does the not unknown writer of an Eastern cotemporary's editorial mean to assert that these defects are also due to political machinery? Perhaps so, but then indirectly, inasmuch as the Medical Superintendent was appointed by one of the worst political rings of Brooklyn; in that sense the errors in medical supervision, are indeed, due to political machinations.

As to the third count, we wish to ask the writer of that editorial, whether parsimony on the part of the authorities can account for the following, which may, or may not, be one of the "wisest" efforts of the Flatbush Superintendent: Called to testify in a case before the Surrogate, the following occurred on the cross-examination: The witness having described the patient to have been half comatose on the second admission, he stated that he pushed people away from him and wanted to be left alone. He further testified: "I think that for the first day, we tried to get him out of that comatose condition by giving him bromide, but it did him no good, and I told Dr. — (an assistant) to let him alone altogether, not to give him anything." The counsel being, however, much better posted on the symptoms of epilepsy, and the therapeutical indications familiar to first course students than the witness, did not content himself with these generalities, and in reply to certain searching questions, elicited the following gems of expert evidence from the witness: "I thought it was very clear that he was going to die." "No sir, I don't re-

member giving him hyoscyamus, but I know it is on the record, and my idea in giving that was because I found, from experience, that hyoscyamus will often stop the maniacal attack after epilepsy in a very short time. I have known it to stop it in three hours when a person has been maniacal three weeks." Counsel asked, "Was there a maniacal attack when he was in the asylum?" Witness, "No sir, but I thought the stupor possibly would be relieved by that. In the course of the further cross-examination, the witness testified: That he did not know what Esquirol said about epileptic insanity: That he had not read Falret, nor knew what he had written on: That he had many works in his library which he had not read: That post-epileptic insanity was mania following epilepsy, although he had not read nor knew of the contents of Samt's article on the subject: That dementia meant "anything but sensible," and that the only factors entering into calculation in case of patients who might be insane, though apparently themselves to the observer, were hallucinations and delusions. We ask our Eastern cotemporary, which we trust accepted that editorial after a very hasty scrutiny, whether any one can honestly maintain that a man who will give the same drug, one notoriously fatal to patients in post-epileptic coma, to fulfil as opposite indications as Mania and Stupor; who, if correctly reported in the same journal advocated grain doses of Merck's (Crystalline), Hyoscyamia for human beings; who describes an ordinary typical case of cerebral syphilis as one of General Paralysis of the Insane; whose most original effort in the line of Mental Pathology, was the establishment of a relation between the speech disturbances of the latter disease and the exaggerated tendon-reflex often found with it, is fit to superintend a large or any asylum of the insane? If the most lavish means were to be devoted to an asylum, with such a superintendent, it is difficult to see how such means could be much less profitably employed.

THE writer of that editorial would not have hesitated for one moment to take advantage of such shortcomings, if they had occurred with members of the Asylum Association. He has severely censured superintendents for faults less grave than those of which his protégé is guilty. If he were a fair man, if he valued the cause of Asylum Reform sincerely, and did not look upon the agitation of that subject as an advertising medium for his appendages, he would, we will not say, criticize his own protégé, but at least maintain a dignified silence when true bills were found against the latter. The Asylum Superintendents of the Old Régime, were censured because they could not read French and German works in the original. This was, we must insist, rather a fine point, but sound or unsound it is one which can be made against the protégé, more strongly than against any other superintendent. At the Deputy-Hazzard trial in Brooklyn, he testified that he could not read German, although he makes an affectation of quoting German writers, in his much criticized pamphlets. It may be very self-satisfactory to our critic, to arise in his full regalia and ordain a pupil, as the future Cardinal of American Psychiatry; he may succeed in steering the cause of Asylum Reform for a time in the direction desired by himself and his protégé, he may convert the Association for the Protection of the Insane into an Association for the Protection of the Flatbush Superintendent, but the true, the unselfish, and the scientific advocates of Asylum Reform will continue to protest against such Neurological Popery. We warn our critic that the day will come, when a judicious reform in asylum management having been effected, that he and his, if sincere, will thank us for having made an early protest against the incompetency of undesirable allies forced on asylum reform by corporation interests, or loud-mouthed self-advertising selfishness. To do so, is the only way to meet the weapons which these "allies" are forging for an unscrupulous adversary.

CHICAGO'S DISGRACE.—Under this caption the Philadelphia Medical Times, October 8, 1881, animadverts on the circumstance, evidently exaggerated, that, as it phrases it, "twelve hundred medical fledglings fluttered into an already burdened world from our Western city." Were the Philadelphia Medical Times capable of doing anything more than indulging in cant, it would have long before this criticised most severely the graduates of its own city, few of whom have been subjected to the ordeal that even the least scrupulous of the Chicago colleges compels its candidates for graduation to pass through. The Times suggests the proper remedy, state licenses not diplomas giving the right to practice, but in this event few graduates would suffer more severely than those of the leading Philadelphia colleges.

THE AMERICAN MEDICAL ASSOCIATION.—The American Medical Bi-Weekly's says concerning this body that "it should be given a permanent home at the geographical center of this country. It might then become a useful scientific association. At present it is a peripatetic monster, remarkable chiefly for a love of 'excursions' and 'banquets,' and idleness; and for a most remarkable docility toward its well-known keepers, who are always with it, and who have made it valueless to its real owners. The old ship has had enough voyages; it should have the barnacles scraped from its venerable hull, the aged crew discharged, and be 'laid up in ordinary.' With a permanent home, with a library, laboratory, museum, with a good audience hall and section rooms and with an absolute reform in regard to guzzling and childish excursions, the leading men of the Profession can and will give it culture and development. As it is, all can read its fate in that of the 'Modern Tramp.'" The imagery of this criticism is somewhat mixed. It is difficult to conceive of anything being a monster and a ship at the same time. However, with this exception, the remarks are very apposite.

THE PRESIDENT'S CASE.—The London Lancet says concerning this: "The fact that perhaps deserves the most prominent notice in a consideration of the case, is that the original injury was not one necessarily fatal. Death resulted solely from 'accidents' in its course, and it may be taken as so far an example of a failure in surgery."

BULLET WOUNDS OF THE VERTEBRÆ.—The therapeutical editor of the Review while crossing an island, at one time the city cemetery of New York, picked up a lumbar vertebra, on one side of which there was an osseous projection. Sawing the vertebra in half through the center of the projection, there was found a leaden bullet about the size of a small pea, which had evidently entered from the side opposite to where it was found. What the history of the case was, is unknown, but the patient evidently lived long enough to have the vertebra restored to as normal a condition as was possible under the circumstances.

PAINFUL NEUROMA OF THE SKIN.—Dr. Louis A. Duhring gives, in the October number of the American Journal of the Medical Sciences, the post-mortem report of a case of this rare affection, the clinical history of which was originally reported by him in 1873, in the same journal. An illustration shows the brachial plexus which had been divided at the former operation, but the cut ends had re-united by means of a dense mass of cicatricial fibrous tissue. The disease was ascertained to be a skin disease strictly speaking. No other structure was in any way involved. A representation of the microscopical appearance of one of the tumors also appears, as an illustration to this article, which shows the disease to be that technically known as neuroma myelinicum of Virchow. The case therefore was one of true neuroma of the skin, one of the rarest of diseases. The Doctor, however, ignores the existence of possible biochemical changes.

PRESCRIPTION REPETITION.—The following, illustrating the evils of prescription repetition, is cited in the October Druggist: A lady under Dr. Clevenger's care for recurring neuralgia, while in Denver recently, was forced by an especially aggravating attack to send for a physician, who left a prescription, which, upon being taken, afforded no relief. The lady would not allow the pharmacist to retain the original prescription, and supposing that there might be something accomplished by trying another store, sent the paper accordingly to a pharmacy farther away. Knowing nothing of the circumstances, the unsuspecting pharmacist forwarded the medicine and kept only a copy of the prescription. The pain not being alleviated, in desperation the lady sent to a third, and suddenly manifested symptoms of chloral poisoning. She had taken ninety grains altogether, and for weeks her life was despaired of. Much larger doses have, however, been taken without marked result. The case brings out very strongly the fact that legal decisions vesting prescription proprietorship in patients are not destitute of inconveniences.

IMPROVEMENT.—It is gratifying to be able to report that the Cincinnati Lancet and Clinic has rallied somewhat from the attack of Journalistic Senile Dementia into which a late number of the Review described it as having fallen. It now gives credit for one out of every three editorials taken from this journal. Although this improvement cannot but please the friends of the Lancet and Clinic, still it is sad to say, that from the nature of this disease, the prognosis can only be regarded as hopeless.

A NEW ANÆSTHETIC.—In some of the best medical colleges (College Record, for October, 1881,) it is seriously debated whether or no it would be best to discard chloroform and ether, as anæsthetics, and substitute college commencements: The only objection to the latter being, that it is too powerful a sedative for practical use.

EDUCATION OF IDIOTS.—Dr. C. H. S. Davis, of Meriden, Connecticut (*American Medical Bi-Weekly*, June 18, 1881), comes, like Dr. Kerlin, to the following conclusions respecting the education of idiots: First: That idiots and imbeciles should be treated distinctively from all other classes. Second: That they cannot with advantage be placed in ordinary schools with other children. Third: That they ought not to be associated with the insane in asylums. Fourth: That they should not be incarcerated in penal institutions. Fifth: That they should not be congregated with the pauper inmates of almshouses. Sixth: That in the great majority of instances they are better and more successfully treated in well-organized institutions than is possible at their homes. These conclusions seem all well founded except the last, for successful is a word out of place here.

ILLEGIBLE PRESCRIPTIONS.—The Druggist makes the following very apposite remarks concerning illegible prescriptions: "A few days ago the editor endeavored to assist a pharmacist in determining whether dilute hydrocyanic, or hydrochloric acid, was intended in a prescription, and, by dint of elaborate reasoning, concluded it was the former. Every one who has compounded prescriptions has experienced frequent difficulty in deciphering the scrawls of some medical men. There is not the shadow of an excuse for a badly written prescription. If a doctor cannot write legibly, he should not undertake to practice." A possible confusion like that mentioned, might lead to exceedingly serious results.

AWKWARD MEDICAL POLITENESS.—A physician was called to visit a lady living at a considerable distance from him. After continuing his calls for some time, she expressed fear that it would be inconvenient for him to come so far on her account. "Oh, madam," replied the Doctor, innocently, "I have another patient in the neighborhood, and I can thus kill two birds with one stone."

POTATO BUGS, it appears, are used in homœopathic practice in the form of a tincture made by macerating one part of crushed potato bugs with five parts of alcohol. The potato bug is therefore (*New Remedies*, September, 1881,) occasionally quoted on the drug market.

QUININE INSANITY BEFORE THE COURTS.—Sergeant Mason, the guard who attempted the life of the assassin of President Garfield, will, it is claimed, urge the mental condition, produced by the excessive use of quinine, as a defense for his act. Quinine, as has been shown by Kiernan, (*Journal of Nervous and Mental Disease*, July, 1881,) may exceptionally produce insanity, but it can do so but rarely and only in persons strongly predisposed to insanity. A defense based on the plea of insanity from this cause should therefore be sifted with great care.

HYPÆSTHESIA OF THE THROAT.—One of the least known subjects in laryngology is that of the neuroses of sensation. Dr. L. Elsberg (*American Journal of the Medical Sciences*, October, 1881) calls attention particularly to several varieties of defective sensation as observed in the larynx, functional in character, and not dependent upon structural throat lesions, nor upon other conditions in which the particular diminution of sensibility has a symptomatic significance. The term hypæsthesia is preferable to anæsthesia where the loss of sensation is only partial; in the same manner "hypalgia" expresses a diminution of the sense of pain, not necessarily accompanied by diminution of other sensations. In order to determine the tactile sensibility of the larynx, Dr. Elsberg had devised an instrument which was presented at the recent International Medical Congress, at London. The same instrument is also adapted to testing the sensibility to pain and temperature. Dr. Elsberg concludes that "every excessive variation of ordinary sensibility must be considered as abnormal, even if we do not yet know its clinical importance."

INFANTILE REMINISCENCES.—The American Medical Bi-Weekly tells the following: When Sir William Ferguson, the celebrated surgeon, was called to Brest to perform a surgical operation, he said that it was the only occasion on which he felt like a baby, and on being asked why, replied, "because I am going to Brest."

COMMERCIAL POTASSIUM IODIDE.—O. Kaspar (Schweizer Wochenschrift für Pharmacie) claims the amount of potassium iodide found in commercial specimens of that salt, varies between eighty-eight and ninety-nine and six-tenths per cent. In his opinion the commercial salt should contain at least ninety-six per cent. of potassium iodide. How much of the conflicting results obtained by physicians using potassium iodide is due to this variation, it would be very difficult to determine.

NERVOUS SYMPTOMS OF LITHÆMIA.—Few subjects have been of late more studied than of lithiasis or lithæmia. Able researches have done much to direct medical attention to it, and it is now distinctly known that a state exists which is closely allied to gout, which is characterized by the abundance of lithic acid or lithates in the urine, and frequently coexists with signs of ill-assimilation of food, and with pain unaccompanied by any perceptible changes of the affected part. Hepatic derangement is also often found; and from this end of the chain the links are stretched through many vague symptoms to outbreaks of true gout, or to structural changes in heart, bloodvessels, and kidneys. To the obscure nervous symptoms arising from this condition of the blood, Dr. Da Costa has recently directed attention (American Journal of the Medical Sciences, October, 1881.) One of the most prominent symptoms, according to Da Costa, is vertigo. This, properly speaking, is not the vertigo a stomacho læso of Trousseau, although gastric derangement may be associated with it, having but little connection of a direct

character; or one may exist independently of the other, as well as of the more obvious symptoms of lithæmia. In the treatment the correction of the state of the blood is of primary importance. Careful regulation of the diet, reducing both nitrogenous elements and hydrocarbons, forbidding alcoholic drinks, and allowing plenty of water, while systematic exercise, especially in the open air, and due attention to the state of the skin, are all essential. Medicines favoring excretion, purgatives, especially the natural mineral waters, which, at the same time, are diuretic, are to be preferred. Citrate of lithium is particularly serviceable, iodide of potassium and colchicum less so; while remedies, having a direct action upon the nervous system, as Da Costa very correctly points out, should be avoided or used very sparingly, and, as a rule, reserved for special indications.

COLD AIR IN PNEUMONIA.—Dr. J. Turner Everett, Sandusky, Ohio, (Medical Record, September 10, 1881,) claims that the inhalation of cold air has proven of value in his hands in aborting pneumonia, and cites eight confirmatory cases. In certain cases of pneumonia the treatment would appear for many a priori reasons valuable, and in none could it do harm, as the patient's body is kept in a room at a temperature of eighty degrees to eighty-five degrees F., the air being breathed by means of a tube leading to either a natural or artificial source of air at fifteen. The procedure, if it had no other result, would secure pure air for the patient's use.

HEPATIC STIMULANT.—The following is said to act well as an hepatic stimulant: Compound senna powder, a drachm and a half; serpentaria root, a drachm and a half; golden seal root, fifty grains; manna, six grains; make five powders, of which one should be taken twice daily. In certain cases of slight hepatic torpidity coming on in malarial districts the above appears to have acted well and speedily.

CITRATE OF CAFFEIN AS A DIURETIC.—Dr. D. J. Brakenridge (Edinburgh Medical Journal, August, 1881,) comes to the following conclusions respecting citrate of caffein as a diuretic: First: That in cases where the glandular epithelium is diseased, exhausted or doing its maximum work, the drug is contra-indicated. Second: In recovery from acute desquamative nephritis when the restoration of the renal epithelium is somewhat advanced, citrate of caffein cautiously given has a decidedly beneficial effect. Third: Where the arterial blood pressure is nearly normal, citrate of caffein should be given alone. Fourth: In case of cardiac disease without compensating hypertrophy leading to diminished blood pressure, a vascular sedative like digitalis should be used antecedent to and conjointly with the citrate of caffein. Fifth: This combined treatment has very marked diuretic action. Sixth and Seventh: As too much diuresis tends to produce malnutrition of the kidney, large doses of citrate of caffein should be avoided. Three grains once, twice or thrice daily is amply sufficient. Eighth: Tonics are of course indicated when the beneficial effects of the drug become manifest. Ninth: In case of great ascites no drug should be given until the pressure of the ascitic fluid be removed. Tenth: Citrate of caffein can be given in pill or solution. While these conclusions seem somewhat redundant, still there is but little doubt but that citrate of caffein is an exceedingly valuable diuretic.

LEUCORRHOEA IN CHILDREN.—Bouchut (Medical and Surgical Reporter, October 1, 1881,) recommends the following mode of treatment as of value in the leucorrhœa of children: First: Frequent lotions of the parts with bran water, Goulard's solution, or infusion of oak leaves. Second: The direct application of either of the following astringents: Bichloride of mercury, ten centigrammes; water, three hundred grammes; or nitrate of silver, twenty centigrammes; distilled water, thirty grammes. He places

between the labiæ majoræ, charpie steeped in antiseptic solutions. Third: Administer tonics, and use the required treatment for any diathesis present. This treatment is a little too complicated.

RECTAL EXPLORATION AND DIAGNOSIS.—Dr. Charles B. Kelsey, New York (New York Medical Journal and Obstetrical Review for October, 1881), gives several valuable suggestions and the descriptions of some original methods in rectal exploration and diagnosis. After referring to the many errors which arise in this department of surgery from the lack of care and proper examination, he tells how to make a rectal examination which shall be at the same time thorough and as free from pain as possible. In his own practice he uses an artificial light of his own arrangement and a forehead mirror, which enable him at all times to illuminate the rectum thoroughly, while by the side of the examining table stands an instrument-case fitted with all necessary appliances. He insists strongly on the necessity of having a water-closet communication with the office, so that injections may be administered and the bowels moved at the time of the examination. In the matter of specula he confines himself almost exclusively to Sims', finding this the best of all after the sphincter has been stretched, and not finding any that give a fair view of the parts until this has been done. He relies most upon the finger for a diagnosis, and claims that with it, after the necessary skill has been acquired, the slightest pathological changes may be detected. In the matter of bougies he recommends a soft rubber instrument, similar to that of Wales, only more flexible. For detecting strictures high up in the rectum or in the sigmoid flexure little confidence is to be placed in a bougie of any sort, and he relies almost entirely upon manual examination either through the abdominal wall or by passing the hand into the rectal pouch. The latter method he holds to be free from danger, and certain in its results.

IODINE TREATMENT OF DIPHTHERIA.—Dr. J. P. Walker, Mason City, Illinois, in a recent communication, states that Dr. James S. Whitmire, of Metamora, Illinois, published as early as 1848 an account of the treatment of snakebites by iodine, and that the same was discussed by Dr. Daniel Brainerd in 1852, in his lectures before the class at Rush College. Dr. Walker has himself used iodine in the treatment of diphtheria, erysipelas and analogous diseases with success since the year 1854. During his service in the army Dr. Walker found iodine of great value in the treatment of hospital gangrene, erysipelas, etc. From these circumstances it would appear that Dr. Gauthier's claims to priority are by no means well founded, however original his ideas. It is to be regretted that the facts mentioned by Dr. Walker should have escaped attention so long.

CAPSICUM AS AN EMMENAGOGUE.—Chéron (*Journal de Médecine et de Chirurgie*, August, 1881) claims that capsicum is of great value as an emmenagogue, and that it has similar properties to ergot. He gives the following formula: Tincture of capsicum, forty-five grains; rum, one ounce; gum julep, four ounces; of which mixture a tablespoonful is to be taken every two hours. He has also found it of value in pulmonary hæmorrhage. What the rationale of this therapeutic action of capsicum is, it is difficult to see; although it has before been claimed that it acts in a marked manner on unstriated muscular fibre.

HYDROGEN SULPHIDE IN THE URINE.—In Braithwaite's *Retrospect* a very curious instance is given of the occurrence of sulphuretted hydrogen in the urine. In other respects the urine appeared to be perfectly normal. Each litre of the urine contained about one and fourteenth to one and nine-tenths cubic centimetres of the gas. In another case, a young lady, hydrogen sulphide was exhaled from the skin for three years. In such quantities did this take

place that any article of silver about her person was soon blackened. Cases are not infrequent where a silver watch or silver coins are blackened when carried by persons who drink sulphur waters or take crude sulphur internally, but the development of sulphuretted hydrogen, in such large quantities as given above and without any assignable cause, is extremely rare.

CHEMISTRY OF RACHITIS.—Zander (*Virchow's Archiv*, 83, 377,) has shown an interesting fact in relation to the nourishment of children afflicted with rachitis. In normal human milk the ratio of potassium to sodium is nearly as one to two, and of phosphoric acid to chlorine as one to one and a half. In milk of women, on the other hand whose children were suffering from rachitis the ratios were greatly altered, being from one to three, to four and a half, and one to three and a half to six respectively. This alteration of ratios arose, not from increasing the potassium and phosphoric acid, because these were really diminished in quantity but from a great disproportionate decrease in the quantities of sodium and chlorine. This change teaches a lesson of perhaps some value in therapeutics.

ETHYLATE OF SODA AS A CAUSTIC.—Dr. R. J. Levis (*Philadelphia Medical Times*, September 24, 1881) claims that ethylate of soda is well adapted to caustic purposes. It is made in the following manner: Half an ounce of rectified alcohol (specific gravity 0.975) is put into a two-ounce test tube, set up in a bath of cold water. To the alcohol, some cuttings of pure sodium are added. Hydrogen at once escapes. Sodium is added till the gas ceases to escape, when the water is warmed to 100° F., and a little more sodium added till the gas ceases to escape; the liquid is then cooled down to 50° F., and half an ounce more alcohol added. This gives a solution of proper strength for a caustic. A glass rod dipped into the solution is recommended as the best mode of application.

CREPITANT RÂLE IN THE NORMAL LUNGS
—De Senzi (*Archiv für Klinische Medicin*, LXXXIII., 3, 1881,) reports the exceedingly rare phenomenon of a crepitant râle in the normal lung. It was noticed most frequently in the supra-clavicular region, and is due in De Senzi's opinion to the dilatation of a few lobules normally collapsed. It is only heard when the patient begins to breathe and not afterward.

DRAM DRINKING.—Dr. Roberts Bartholow, (*College and Clinical Record*, September 18, 1881,) says: "I do not think a man is necessarily destined to perdition if he drink a glass of whiskey, but he is certainly threatened with mania, melancholia or general paralysis." This latter statement is about equally objectionable with the first, but few cases of mania, melancholia or general paralysis are the result of dram drinking, and a single glass of whiskey will not cause any one of them, except very rarely, mania or melancholia in extraordinarily predisposed cases. Statements like these do a great deal of harm from the reaction resulting from the discovery of their erroneous nature.

LEMNISCUS TRACT.—Dr. E. C. Spitzka (*New York Medical Journal*, September, 1881,) comes to the following conclusions in regard to the relations of the lemniscus tract and the stratum intermedium: First: Their fibres are somewhat mingled, those of the former being chiefly lateral, those of the latter more mesal; Second: Those fibres of the lemniscus tract that can be traced satisfactorily are derived from the retro-optic lobes; Third: The fibres of the stratum intermedium decussate in the piniform decussation, and are thus connected with the column of Goll of the opposite side; Fourth: The lemniscus fibres also take part in this decussation, and thus appear to reach the trineural fasciculus; Fifth: The stratum intermedium is in a certain sense a connecting link between the tegmental and pedal tracts of the brain. The direct lateral myelo-cerebellar tract forms the nucleus of

the restiform column, as claimed by Flechsig, but most of the restiform fibers are derived from deeper fasciculi which traverse the ascending trigeminal rootlets or pass upon their "mesad" side. The fibres decussating through the olivary nuclei are chiefly derived from the columns of Burdach. The question arises, whether these two separate centripetal tracts going to the cerebellum through its posterior peduncle do not transmit different qualities of sensation, as a muscular sense distinct and separate from a tactile sense, Dr. Spitzka is inclined to consider that portion of each sensory nerve root that passes through the caput gelatinosum as a tactile strand, which is continued "cephalad" by the column of Burdach, decussates through the olive, and then passes to the cerebellum. By exclusion, the muscular sense would be considered as conveyed toward the cerebellum from the columns of Clark through the tract discovered by Foville.

PEPTONATE OF MERCURY.—Dr. Martineau (*Progrès Médical*) claims that the albuminate of Bamberger often causes local troubles, and advises the following injection: Peptone, mercury bichloride, one-twelfth grain each; distilled water, fifteen minims. This hypodermic medication is to be preferred to medication by the stomach, First: Because its action is more certain. Second: Because it does not derange the digestive organs. Third: Because the exact quantity taken into the system can be easily determined.

INJECTION BROU.—The following is given by the Medical Record as formula for this famed gonorrhœa injection: sulphate of zinc, eight grains; acetate of lead, fifteen grains; tincture of catechu, two drachms; aqueous tincture of opium, three ounces. The formula of the aqueous tincture of opium is known to but few pharmacist, and it is therefore, not easily obtained. It is, however, not impossible that a dilution of tincture of opium would answer all purposes.

INTERMITTENT FEVER.—Dr. Brunetti (*Medical Record*, October 1, 1881,) claims good results in intermittent fever from a mixture of twelve grammes chloride of sodium and one gramme ferric carbonate. This is divided into six doses which are all taken within twenty-four hours. One dose a day should be taken for at least a week subsequently to this period.

OIL OF JUNIPER ANTISEPTIC CATGUT.—Dr. Kocher, of Berne, (*Deutsche Medicinische Zeitung*) claims that oil of juniper has very permanent effects as an antiseptic, and employs the following method of preparing catgut with it: The required quantity of catgut is placed for twenty-four hours in pure oil of juniper, and immediately subsequent to this, is transferred, tightly wound on a flat reel ten inches long, to ninety-five per cent. alcohol. If placed in glycerine for a day prior to immersion in alcohol it becomes more pliable. When desired the catgut must be cut exactly where the edges of the reel turn.

SENILE KIDNEY.—The macroscopical and histological changes of the senile kidney are, according to Dreyfus-Brissac, (*Gazette Hebdomadaire de Médecine et de Chirurgie*, June 24, 1881,) those due to a diffuse atrophic sclerosis. While the nature of the lesions is universally admitted, their pathogeny is much disputed. J. Ballet claims that the sclerotic process originates in the uriniferous tubules and gives rise secondarily to peri-arteritis. The mechanism of this tubular atrophy is analogous to that of the epithelial interstitial nephritis from gout or lead poisoning. According to Henry Martin and Démange the arterial lesions are the origin of the whole process. From the endo, or periarteritis will result, not an inflammatory proliferation of the interstitial connective tissue by reason of contiguity, but circulatory and nutritive changes giving rise to cellular degenerations at points where the normal quantity of blood is not received. Ac-

cording to this theory, senile kidney is not an interstitial nephritis, but a dystrophic and non-inflammatory sclerosis of the elements proper to the kidney. Dreyfus-Brissac leans to this latter opinion as it does not positively exclude either the inflammatory nature or the epithelial origin of the renal alterations of old age. The symptomatology of this disease is somewhat negative, the symptoms when present are those of concomitant atheromatous degeneration. There is an absence of polyuria, albuminuria and œdema. Cardiac alterations are rarely present; these only being the cardiac hypertrophy, etc., due to arterial atheroma; uræmic manifestations are not present. Senile kidney is a clinical entity, having its own course and lesions, which are very different from those of Bright's disease, even when these latter are found in people of advanced age.

ATROPINE AS A PREVENTIVE IN PTYALISM.—Dr. Roberts Bartholow, (*College and Clinical Record*, September 18, 1881,) advises the use of belladonna in small doses to prevent ptyalism when mercury has to be given for a lengthened period. It cannot be Dr. Bartholow's opinion that ptyalism is the only evil effect of hydrargyism but interfering with ptyalism would certainly mask the premonitory symptoms of mercurial poisoning. In certain cases the procedure may be of value, but it is not unlikely to be attended by bad results.

HAY FEVER.—The following formula of Weber (quoted in *New Remedies*, September, 1881,) is claimed to act well in this disease: Extract hyoscyamus, twelve grains; potassium iodide, one drachm; potassium bicarbonate, two drachms extract of licorice, four drachms; aniseed water five fluid ounces; of which the dose is a tablespoonful every three hours. It must be remembered, however, that hay fever is a nervous disease, in many instances curable as much by faith in the physician and mode of cure, as by the effects of any remedy.

MARRIAGES OF CONSANGUINITY.—A Berlin professor is authority for the statement that among Roman Catholics, who prohibit marriages between persons who are near blood relatives, the proportion of deaf mutes is one in three thousand; among Protestants, who are less strict, the proportion is one in two thousand; while among Jews, who encourage intermarriage with blood relatives, the deaf mutes are as one in four hundred. It is doubtful, however, whether marriages of consanguinity do more than accumulate hereditary defects in a single individual. A family, all the generation of which have been remarkably healthy, might intermarry without much fear of producing deaf mutes or idiots. There is the usual error in citing statistics manifested here; all the circumstances are not fully taken into account.

CODEINE, MORPHINE AND ATROPINE.—Vitali has modified Tattersall's reaction for the above alkaloids as follows: (L' Orosi, 1881, p. 152.) Morphine is dissolved in concentrated sulphuric acid. The solution is treated with a little arseniate of sodium, and warmed. The color passes through blue-violet into bright-green. The last color can be changed into rose-red and finally blue, by the careful addition of water; and by ammonia, in excess, again into green. If to a solution of morphia in sulphuric acid a little sodium sulphide is added, and warmed, the color passes through flesh-red and violet into dark green. Dissolved in sulphuric acid, a little sodium sulphide added and then a one to fifty solution of chloride of potassium, in dilute sulphuric acid, morphine gives first a green and then a violet-blue color, which is changed into yellow by an excess of potassium chlorate. Codeine behaves in a manner, exactly similar. If atropine is treated with a drop of the above chlorate solution and the dish containing it be tilted, there arise intensely blue-green bands, which dissolve in an excess of the liquid, with a resultant bright green color.

ELATINA is the name applied to a substitute for tar water, used in Italy for coughs and intestinal catarrh. Cintlini gives the following formula: Green pine cones, six hundred parts; olibanum, eight parts; balsam tolu, five parts; resin, four parts; juniper berries, sixty parts. These ingredients, covered with a sufficient quantity of water, are allowed to stand over night, and the following morning twelve hundred parts of the liquid are distilled off, over a moderate fire, and bottled after filtering. The dose is half a wine glassful two or three times a day. A preparation of this kind would seem likely to be of value in certain varieties of pulmonary phthisis. The name given is, however, somewhat objectionable.

PREPARATION OF KOUMYS.—Pigatti (New Remedies) gives the following method for preparing koumys from cow's milk: Cow's milk, one thousand parts; water, five hundred parts; yeast, twenty parts; honey, twenty parts; alcohol, thirty parts; wheat flour, fifteen parts; millet flour, five parts. Mix the milk with the water. Mix the flours with the diluted milk. Incorporate the yeast and the honey by trituration in a mortar, gradually adding the alcohol. Mix all the ingredients together in a strong bottle, taking care that a considerable empty space remains, and secure the stopper, which must be air tight. In order that fermentation may proceed regularly, care is to be taken that the temperature is kept between 77° and 86° F. for twenty-four hours in summer and for forty-eight hours in winter, agitating two or three times during that period. The liquid is then strained through muslin and poured into strong bottles which must be securely corked. They are left for twenty-four hours in a temperature of 77° F., being frequently shaken, and are then transferred to a cool place. After a few days the liquid divides into two layers, which may readily be united by agitation. Pigatti asserts that koumys thus prepared keeps for several months unaltered and of an exceedingly grateful flavor.

COMPOUND LICORICE MIXTURE. — Dr. W. F. Bury (Chemists' and Druggists' Bulletin, October,) says concerning this, "that the old 'Brown Mixture' looks to-day just as uninviting as when first made (1815). I propose to use only the purified extract of licorice, in place of powdered crude extract. What is commonly known as refined licorice is black, shining, pipe-like cylinders; it is a mixture of licorice and gum or gelatine; it is also adulterated with sugar, starch, flour, and other familiar things. I can safely say three-fourths of it is adulteration. Therefore I take four times the amount of extract of licorice, directed by the United States Pharmacopœia, place it in small pieces in a percolator on a perforated diaphragm, close the lower orifice with a cork, pour on the required quantity of water, twelve ounces, be careful that the water covers the licorice; the medicinal portion being soluble in water will be taken up by displacement; let stand for twenty-four hours, remove the cork, and strain the solution. This solution is purified, being free from all impurities of gum and gelatine. The formula is as follows: Solution of purified licorice fl. $\frac{3}{4}$ ij. representing four drachms purified extract: sugar; gum arabic, $\frac{3}{4}$ ss troy; camphorated tincture of opium $\frac{3}{4}$ ij; wine of antimony, $\frac{3}{4}$ i; spirits of nitrous ether $\frac{3}{4}$ ss. Rub the sugar and gum-arabic with the solution of licorice, then add the other ingredients, and mix the whole together and filter, and you will ever after have a clear 'Brown Mixture'."

ECCHYMOSES IN LOCOMOTOR ATAXIA. — Straus (Archives de Neurologie, April, 1881,) calls attention to the fact that ecchymoses follow at times the fulgurant pain of locomotor ataxia. The extent and hue of the ecchymoses are in proportion to the paroxysm of pain during which it appears. They are analogous, in Straus' opinion, to the hæmorrhages from the mucous membranes. Similar phenomena were noticed by Kiernan in progressive paresis, who considered them purpura of trophic origin.

SUPERNUMERARY PENIS.—Dr. S. T. Botts, Dry Fork, Kentucky, (Medical Brief, October, 1881,) reports the following rather peculiar case: A boy nine years old has what the doctor calls a penis, attached to the spinous process of one of the lumbar vertebrae, which passes to the right, about half an inch, and then emerges from the skin. It is curved like, and about the same size, as the other penis. Just below, where it leaves the skin is a loose projection of the skin, about the size of a pea, covered by a few hairs. The prepuce is closed at the end, and the supposed penis has a tendinous cord passing through it in the situation of the urethra. There have not been any erections of the supposed penis. The supposed penis is probably a veritbral tumor.

HEALTH OF THE FRENCH ARMY IN TUNIS.—Considerable excitement has been created in French political circles by the statements which the Gazette Hebdomadaire de Médecine et de Chirurgie, has just made with regard to the sanitary condition of the French troops in Africa. The most elementary precautions would seem to have been neglected for months. The soldiers, on landing, found themselves without blankets, water, bread, wine, or medicine. The garrison at Kef for three months had neither drugs, surgical appliances, nor ambulances, and the officers had at last to buy all they needed themselves. Typhoid fever and dysentery decimated the troops. The sufferers lay baking under tents in a temperature of 59 degrees centigrade, and, fearing lest the lamentable truth should be made known in France, the war officers absolutely refused to allow the convalescents to be sent home. Meanwhile official dispatches day by day published reports of the most optimistic description. The health of the troops was declared to be excellent. The report is very likely to have some effect on French politics, and illustrates that with all its defects, the medical profession seems to have more sense of honor than the so-called military profession.

TYPHOID fever is decimating the city of Athens, Greece.

MASSACHUSETTS has attempted to regulate color blindness by law.

DR. Charles S. Roy has been made Superintendent of the Brown Institute.

DELEWARE now requires all births, marriages and deaths to be registered.

ST. BARTHOLOMEW'S Hospital, London, England, had an income of \$1,950,000 last year.

DR. E. G. Kelley, a prominent physician of Newburyport, Massachusetts, died September 13, 1881.

DR. H. G. Jones has been appointed House Surgeon to St. Elizabeth's Hospital Utica, New York.

DR. Harris S. Fellows, a well-known physician of Albany, New York, was drowned recently.

DR. D. F. Wilson has been appointed Consulting Surgeon to the Presbyterian Hospital, Philadelphia.

AN epidemic of what is evidently hæmorrhagic small-pox is prevalent in the vicinity of Kansas City, Missouri.

DR. H. AUGUSTUS WILSON has been appointed Pathologist to the Presbyterian Hospital, Philadelphia.

DR. GREEN, Assistant Surgeon U. S. Marine Hospital Service, died recently at Key West, from yellow fever.

DR. Moriarty has been elected Visiting Physician to the Cork Ireland, Fever Hospital, in place of the late Dr. Budd.

COUNTERFEIT diplomas of the University of Wurzburg, Bavaria, are the latest contribution to Buchananistic literature.

THE Knights of St. Vitus have been incorporated in Illinois. Whether choreics only are admitted is not ascertainable.

"DR." BUCHANAN, of diploma selling fame, has recently been sentenced to one year's imprisonment on two indictments found against him, the term for which he was at first sentenced having just expired.

DR. T. R. Sturgis has been elected Professor of Venereal Diseases in the University of New York City.

DR. A. P. Grinnell has been elected Professor of Theory and Practice of Medicine in the University of Vermont.

DR. H. Clozel de Boyer died recently from diphtheria, contracted while an interne of the Paris, France, Childrens' Hospital.

THE American lady who attends the lectures of Virchow, is the first instance of a female student at the University of Berlin.

DR. Hugo Engle has been elected Professor of Practice of Medicine in the Medico-Chirurgical College of Philadelphia.

THE American Surgical Society met at Coney Island, New York, September 13, 14 and 15. There was a very light attendance.

DR. LEWIS, of Jefferson county, West Virginia, has been appointed Second Assistant Physician of the West Virginia Insane Asylum.

DR. W. S. Stewart has been elected Professor of Obstetrics and Gynæcology in the Medico-Chirurgical College of Philadelphia.

SOME of the Russian physicians have recently devoted their attention to teaching the profession how to catch roaches for use in nephritis.

DR. M. F. Hullihen, of Wheeling, West Virginia, succeeds Dr. A. H. Kunst, as First Assistant Physician of the West Virginia Insane Asylum.

NEW INSTRUMENT.—A local daily journal said that the surgeons had determined to remove the pus from the late President's lung, by an "asphyxiator."

COMPENSATION FOR EXPERTS.—A United States Circuit Judge (Central Law Journal, March 4, 1881,) recently refused to compel a physician, called as an expert, to testify until properly paid. His decision was based on older decisions to the same effect

PRUNUS VIRGINICA is claimed to act well as an antidote to strychnine, by Dr. A. W. McKinney (Medical Brief, October, 1881), of Hutchinson, Kansas.

Dr. Richard Gundry has been appointed Professor of Materia Medica, Therapeutics and Mental Diseases in the College of Physicians and Surgeons, Baltimore, Maryland.

GOUT.—Garrod (Detroit Lancet, October, 1881) said that "Man deprived of fermented liquors would never have known gout." Parrots manage however, to get up the disease on farinaceous food.

Dr. WILLIAM J. BLAND, of Weston, West Virginia, has been appointed Superintendent of the West Virginia Insane Asylum, in place of Dr. Thomas B. Camden; who succeeded Dr. Hills, the first Superintendent of the Hospital, ten years ago.

THE Binghampton New York Asylum for the Insane, has been recently placed under the medical charge of a homœopathist. This is the second asylum for the insane in that State under homœopathic control.

Dr. J. W. HOLLAND, the editor of Scribner's Magazine, died October 12. He was graduated at Berkshire Medical College in 1845, and practiced medicine for two years. His writings do not display in their descriptions of disease, any evidence of his having been a physician.

CAUSE OF THE FIRST SOUND OF THE HEART.—Dr. Rosolimos (Tribune Médicale) claims that the cause of the first sound of the heart is a vibration of the chordæ tendinæ caused during the systole by the movement of the blood through the net work of them.

MATERNAL MARKS.—The Ohio Medical Journal tells the following: A physician was recently attending a case of labor in a family slow in the payment of physicians. After delivery the father nervously asked, "Doctor, is the baby marked?" "Yes," quietly replied the Doctor. "It is marked C. O. D." The bill was promptly settled.

LOCAL.

STATE MICROSCOPICAL SOCIETY.

The semi-annual meeting of the State Microscopical Society was held at its rooms in the Academy of Sciences, 263 Wabash Avenue, Friday evening, October 14, at 8 o'clock. Mr. E. B. Stuart read a note "On the Limit of the Delicacy of the Iodo-Sulphate test for Quinia in the Presence of a large Amount of Morphia." Dr. Curtis described a new stand made by Bulloch.

CHICAGO MEDICAL SOCIETY.

The inaugural meeting of this society for the coming winter, was held Monday evening, October 3, 1881. Dr. E. Andrews read a paper on the question: "Is There a Chronic Carbolic Acid Poisoning?" Dr. De Laskie Miller gave "Some Impressions of the International Medical Congress of 1881," and Dr. Litton Forbes exhibited the schematic eye, described by him in the September 5 number of the Review.

CHICAGO BIOLOGICAL SOCIETY.

At the October 5 meeting of this society, Dr. Kempster, of the Northern Wisconsin Asylum for the Insane, presented a series of "Notes upon Cases Illustrating the absence of Ordinary Phenomena in Certain Pathological Conditions of the Central Nervous System." Numerous photographs and slides were exhibited in illustration. At the November 2 meeting, Dr. E. P. Murdock will present a paper on Teratology, illustrated by specimens. Dr. H. D. Valin is also expected to present a paper.

WOMAN'S MEDICAL COLLEGE.

The twelfth annual session of the Woman's Medical College, of Chicago, was opened in the College building, Monday evening, October 3. Dr. D. W. Graham delivered the introductory address, giving a very interesting sketch of the early history and progress of the science of anatomy, and closing his remarks by urging the importance of this branch. One particularly pleasant feature of the gathering was the presence of Dr. T. D. Fitch, whose sudden

illness, one year ago, cast a great gloom over the opening of that session. He will resume part of his college duties this winter. Tuesday morning, October 4, the regular work of the session began. The attendance continues as full as last year, the entire number of students being eighty, distributed as follows: Senior, twenty-four; middle, twenty; the remainder being members of the junior class. The interior of the college building has been considerably changed during the summer vacation, the facilities for laboratory and microscopical work being greatly improved. The only change in the faculty during the year has been the appointment of Dr. Marie J. Mergler to the chair of materia medica.

ORIGINAL CONTRIBUTIONS.

ACUTE PERITONITIS FROM COLD.

BY OMAR O. HALL, M. D., ANNAPOLIS, INDIANA.

The following case, while not specially unique, seems interesting enough to deserve mention. Mattie C., six years old, had always been a healthy and well nourished child. No hereditary disease in the family. The patient is the youngest of six children, all living. She was taken ill January 28, 1881, but for two weeks previous was observed to micturate frequently, the quantity passed being small, though otherwise normal. The patient after playing all the morning of January 28, somewhat exposed to a draft, began to complain of paroxysmal colicky pains in abdomen, but had neither chill nor fever. By the following day the patient had grown much worse, the temperature at noon was 101° F., and the patient continued to have severe pain in the abdomen. The surface of the abdomen was tender and movement of the patient without pain impossible. Jarring the bed or heavy walking on the floor was unbearable. The patient lay on the right side with knees and thighs flexed on abdomen. The skin was hot and dry; the mouth dry and covered with a slight white coating; respirations twenty-five and costal. Her pulse was a hundred and fifty-six; the bowels had not moved since January 27, 1881. One quarter of a grain of sulphate of morphia was administered hypodermically to relieve pain and quiet the

restlessness present, and in addition a mixture of tincture of aconite root, sweet spirits of nitre and chlorate of potash. At the same time sinapisms were applied to the abdomen, which were to be followed by hot hop poultices.

January 30, under the influence of morphia the patient had not suffered much pain. During the night the temperature had fallen, but rose again to 101°. Pulse one hundred and fifty-two, respiration twenty-five. Abdominal walls rigid, and rectal muscles plainly outlined. Patient had desired to urinate frequently, and was taken up oftener than necessary, resulting in much suffering, so that special orders had to be given that she be kept quiet. The morphia was continued, and tincture of veratrum viridi was given instead of tincture of aconite root. The sinapisms which seemed to give more relief than the hop poultices were again ordered. January 31. About nine o'clock the previous evening the patient vomited frequently. Her pulse became rapid and small, and the recti muscles stood out upon each side prominently; the tenderness and pain in bowels became extreme. The vomiting ceased this morning, and did not return. At eleven A. M. the patient seemed to be about the same as on the previous day. The sinapisms had been changed for hop poultices. The patient's pulse was one hundred and thirty-six and slight fever was present. The abdomen was now tympanitic, but efforts at percussion were so painful that physical examination was not attempted. The patient utterly refused medicine, and nothing further was done except to give morphia, in milk. The patient had moderate thirst during the whole course of the disease. February 1. Patient about the same as previous day. Morphia sulphas, one-eighth of a grain to be given *pro re nata*.

February 2: Patient had more pain during the afternoon and evening of yesterday. Between seven P. M. and one A. M., one and a half grains of morphia were given before any effect on the pain was obtained. The pain was exacerbative in character, and this continued to be its nature throughout the disease. Ordered morphia sulphate, one-quarter of a grain as often as necessary. During the next two days the patient took eight grains of morphia without showing any signs of narcotism, nor did it always have effect on the pain.

February 6: The patient was desirous of emptying the rectum several times during

the previous day, but had been unable to do so. She was given an enema of warm water and turpentine, resulting in three stools, which seemed to give much relief.

February 7: Severe pain this morning, subsiding after a spontaneous evacuation of the bowels. Abdomen still swollen, tense and extremely tender. Temperature elevated during the day. Patient tried to lie on the left side, but this resulted in so much pain in left hypochondrium that she was unable to do so. The body presented a barrel-shape from the armpits to the pubes, largest across the region of the liver, stomach and spleen.

The chest walls were fixed and the breathing costal. The disease gradually subsided. The bowels did not become constipated after this date. A paroxysm of vomiting occurred February 12. The pain was very severe at times until February 16, but was only slight thereafter. Tenderness and swelling of the abdomen continued to exist up till February 17 or 18. After the first three or four days of illness the patient partook freely of milk, which constituted the sole aliment for eight or ten days. Morphine was continued in decreasing doses until the pain had entirely ceased. The patient was slow in convalescing, two weeks elapsing, after the subsidence of all symptoms of disease, before she could sit up in bed, and two weeks more passing before she could walk. By April 1, she had regained her strength and spirits, and was rapidly gaining flesh.

The case was an instance of peritonitis of purely idiopathic origin, the occurrence of which is denied by many authorities.

The etiology is very obscure, but the indications certainly pointed to cold as a cause. Whether the vesical irritation was influential in the production of peritonitis cannot be stated. No great stress can be laid on the treatment, which was guided only by special indications.

BOTTLE IN THE RECTUM.—Dr. Rodenstein (*Annals of Anatomy and Surgery*, August, 1881,) reports a case in which a six-ounce bottle had been introduced into the rectum for hæmorrhoids. The bottle gradually worked its way through the sigmoid flexure and transverse colon, until it became fixed in the right iliac fossa at the cæcal pouch. The patient was relieved, under chloroform, by manipulation.

CORRESPONDENCE.

NEW YORK LETTER—MEDICAL— SOCIETY MEETINGS.

NEW YORK, October 17, 1881.

The chief matters of medical interest just now in New York are the meetings of the medical societies. Foremost in general importance is the

AMERICAN GYNÆCOLOGICAL ASSOCIATION.

At the sixth annual meeting of the American Gynæcological Association held in this city, the following officers were elected: President, Dr. T. A. Emmet, of New York; Vice-Presidents, Dr. G. H. Lyman, of Boston, and Dr. E. Noeggerath, of New York; Council, Dr. H. J. Garrigues, of New York, Dr. J. D. Trask, of Astoria, Dr. G. H. Bixby, of Boston, and Dr. G. J. Engelmann, of St. Louis. Drs. Tarnier, of Paris, Braxton Hicks, of London, and Winckel, of Dresden, were elected Honorary Fellows. Drs. W. M. Polk, C. C. Lee, W. R. Gillette and F. P. Foster, of New York, E. W. Sawyer, of Chicago, and B. B. Browne, of Baltimore, were elected Active Fellows. Dr. S. C. Busey, of Washington, read a paper on "Acute Diffuse Hyperæsthesia of the Peritoneum following Minor Gynæcological Operations and Manipulations." Dr. H. J. Garrigues, of New York, read a paper on "Exploratory Puncture of the Abdomen." Dr. G. H. Lyman, of Boston, gave some "Notes on Cases of Pelvic Abscess." Dr. N. Bozeman, of New York, discussed "Genital Renovation particularly by Kolpostenotomy and Kolpoecpctasis in Urinary and Fæcal Fistulæ." Dr. Ely Van de Warcker, of Syracuse, discussed "Forcible Elongation of Pelvic Adhesions." Dr. I. E. Taylor, of New York, read an elaborate paper on "Lupus of the Vulva," which was well illustrated. Dr. W. Goodell, of Philadelphia, went rather elaborately into the subject of "Bursting Cysts of the Abdomen." Dr. H. T. Campbell, of Augusta, Georgia, made a very careful examination of "Erysipelas in Childbed without Puerperal Peritonitis." Dr. T. G. Thomas discussed "Expansion of the Bladder over the Surface of Abdominal Tumors and its Attachment to them as complicating Laparotomy." Dr. T. A. Reamy, of Cincinnati, narrated a case of "Partial Inversion of the Uterus, caused by a Fibroid Polyp." Dr. A. H. Smith, of Philadelphia, examined as to the "Axis Traction of the Obstetric

Forceps." The meeting was well attended, and the next meeting will be held in Boston in the third week of September, 1882. On the evening subsequent to the first day's meeting, Dr. T. A. Emmet gave a very pleasant reception; and the hospitality offered the Association by Drs. Barker, Thomas, Marion-Sims, Skene and Byrne was well worthy the reputation of these gentlemen. Dr. I. E. Taylor fittingly closed the session by a very pleasant reception. Dr. W. H. Byford, the President, was absent owing to illness, Dr. T. A. Reamy presided.

NEUROLOGICAL AND OTHER SOCIETIES. —Dr. A. E. M. Purdy, the President of the County Medical Society, continues his warfare against the unlicensed practitioners of the city. It is something of a Sisyphean task, for one conviction obtained two cases are discharged through the impenetrable stupidity or culpability of the police justices. Two men of the name of Grindle were arrested for practicing illegally, one admitted practicing under another name, and both had diplomas from Buchanan's diploma mill; despite these facts being shown they were discharged. It may be said that the two have the unenviable reputation of being the most successful abortionists in New York. Dr. Purdy seems to keep to his self-constituted duty with a dogged perseverance that merits commendation. The Medico-Legal Society seems to be settling down to very namby pamby subjects. A paper was read at its October meeting on the subject of vaccination which could only be called medico-legal by the greatest straining of that term. Dr. W. A. Hammond read a paper before the Neurological Society on the therapeutic uses of nitro-glycerine, or as it is called by the homœopathists glonoine, in hemicrania, epilepsy and angina pectoris. He spoke of the inconstancy of the various preparations in the market, and stated that he began with the centesimal dilution, that is, one drop to a hundred of alcohol, and increased the dose a drop every month. The maximum dose he had reached was thirteen drops. The results had been almost uniformly surprising. Its use was contraindicated in the angio-paralytic form of hemicrania; children required the same dose as adults. A new medical society has recently been formed in this city for the discussion only of medico-political topics. Paper reading has been such an incumbrance that this society has decided not to allow it. The title adopted is the

Manhattan Medical and Surgical Society.

Your correspondent recently visited the De Quincey Home for Opium Habitues, which is under the charge of Dr. H. H. Kane, the author of several works on the narcotic habits. It is remarkable what a large percentage of the inmates is composed of members of the medical profession, there being three such in the Home at the time of my visit. One had been in the habit of taking twenty grains of morphia daily. An interesting case was that of a woman who had learned to use hypodermic injections, and taught her husband the habit, and on his breaking down, sued for a divorce. Dr. Kane does not believe in the sudden withdrawal of the morphia or opium which Levenstein practices, but gradually decreases the amount. One physician who was an inmate, in describing his experience, said that he would rather suffer the greatest pain than take morphia again, but that if, by any chance, he should become a habitué again, he would rather die than be broken of the habit by the old plan.

Dr. Hayes, of Rochester, was this morning summoned to attend a patient about forty years old who had attempted to kill himself while suffering from delirium, the result of a long and continuous debauch. His continued drinking had brought on a severe attack of mania a potu, and this morning he labored under the delusion that he was Guiteau, the murderer of the president. As he had concluded that he could not be hanged, but was anxious that justice should not be defrauded of her due, he decided to take the matter into his own hands. So, having brought his razor to a fine edge, he slashed into his neck on each side, making a gash two inches long in each instance. These gashes were not very deep, and it was not difficult to staunch the flow of blood. The case illustrates the influence that current events frequently have on morbid mental states, and had the case not been clearly traceable to alcohol, it would have been regarded as caused by the assassination of the late president, and this cause might have been cited in some insane asylum report as a "moral" influence in the production of insanity, with as much validity as in many such cases.

The New York City Health Board is making a spasmodic attempt to enforce the registration of plumbers, and the Committee on Hygiene of the County Medical Society are doing some good work in the abatement of nuisances. J.

*LONDON LETTER—ADDRESSES OF
DRS. VOLKMANN, HUXLEY
AND OTHERS.*

LONDON, October 1, 1881.

In this letter Dr. Volkmann's address is continued and concluded.

"Then, in the year 1870, Professor Klebs discovered that even in the internal organs, which are considered so vulnerable, as brain, lungs, and spleen, no inflammatory reaction occurs, if the path of the bullet is so long and narrow that it prevents the admission of air, and that even weeks afterward, macroscopically, no changes can be traced in the tissues shot through, while microscopically the process of healing can only be recognized by a minimum of cellular activity.

"And now the antiseptic experiments of Mr. Joseph Lister, to whom I therefore here offer a small part of the gratitude that German surgery owes him, show us that, after an amputation, on the fourth or sixth day the ends hang down in just as limp and unchanged a manner as immediately after the operation, just as if it had been performed on a dead body and not on a living being; that after a great plastic operation, in spite of countless sutures, no trace of œdema or reddening and no pain occur. India-rubber tubes passed through dropsical joints may remain lying there for weeks without causing suppuration, and they may, slipped unnoticed into the cavity, heal so firmly into the armpit that a year after they may be mistaken for well-defined cancer tubercles, and be extirpated. Into the open peritoneal cavity a piece of gauze, larger than a table napkin, and pressed together like a handkerchief, can be put, and remain for several days without fever or clinical appearances of fever resulting. And I should like to mention one more experiment, which, it is true, will not always succeed. Suppose we have a case of limited fistulous caries of the foot before us; five or six times we introduce the glowing Pacquelin cautery iron to the depth of an inch and a half, and carbonize the dissected tissues. Then we cut the skin in a circle round the former fistula at a breadth of two lines, and let the blood, mixed with a disinfecting fluid, flow into the deep spherical cavity, fill it out, and coagulate. In a fortnight or three weeks the upper layer of the coagulum scales off, and the burn is cicatrized without any reaction, suppuration, or falling off of the scab. So that in man also Pro-

fessor Hueter's five experiments on animals are confirmed.

"After such facts, there can be no further doubt that we have hitherto studied traumatic reaction of open wounds on tissues infected at the same time that the four cardinal symptoms of inflammation, rubor, calor, tumor, dolor, even in the severest open wounds, are not developed when disturbing agencies have no access, or do not find soil fitted for their development. Seriously, we have now to consider the question whether mechanical irritation, such as the surgeon's knife and saw cause, and the injuries of the social life, are at all capable of alone bringing about those processes which have at all times been designated as inflammatory.

"I am coming to an end. I have already occupied your attention for a longer time than may appear fitting for some of you. I have spoken of the advances in surgery. There is one I have not yet mentioned. It has never hitherto been so deeply and universally realized that the interests of our practice must coincide entirely with those of our patients; never before was the feeling of responsibility for our actions so great as at the present day.

"To-day we may say, with the deepest conviction, that the surgeon is responsible for every disturbance that occurs in a wound; that it is his fault if even the slightest reaction or redness is developed in it, or if an amputation is not healed by first intention. He must reproach himself severely if after an operation pus cavities occur, and especially if death result from pyæmia.

"Justice requires us to recognize that the higher moral aspect of this question has come to us from England. It was the English ovariologists, with Mr. Spencer Wells at their head, who first showed us how to approach an operation at that time looked on as fatal, how to take on one's self the whole responsibility of success or failure, and to keep no other goal in view than this one, to save the patient, and, by constantly improving and perfecting our art and keeping everything injurious at a distance, gradually to become more and more master of one's actions. At that time we began to recognize that at the operating-table there are other matters of importance than to shine by quickness, elegance, and security in the use of the knife."

The main points of Dr. Pasteur's address, which was the next of the general addresses,

have already been laid before the readers of the Review. On the sixth day Dr. Thomas H. Huxley delivered the general address on "The Connection of the Biological Sciences with Medicine." After the usual general remarks, he said:

"The great man whose name is inseparably connected with the foundation of medicine, Hippocrates, certainly knew very little, indeed, practically nothing, of anatomy or physiology; and he would probably have been perplexed even to imagine the possibility of a connection between the zoölogical studies of his contemporary, Democritus, and medicine. Nevertheless, in so far as he and those who worked before and after him in the same spirit ascertained, as matters of experience, that a wound or a luxation, or a fever, presented such and such symptoms, and that the return of the patient to health was facilitated by such and such measures, they established laws of Nature and began the construction of the science of pathology. All true science begins with empiricism, though all true science is such exactly in so far as it strives to pass out of the empirical stage into that of the deduction of empirical from more general truths. Thus, it is not wonderful that the early physicians had little or nothing to do with the development of biological science; and, on the other hand, that the early biologists did not much concern themselves with medicine. There is nothing to show that the Asclepiads took any prominent share in the work of founding anatomy, physiology, zoology, and botany. Rather do these seem to have sprung from the early philosophers, who were essentially natural philosophers, animated by the characteristically Greek thirst for knowledge as such. Pythagoras, Alcmeon, Democritus, Diogenes of Apollonia, are all credited with anatomical and physiological investigation; and though Aristotle is said to have belonged to an Asclepiad family, and not improbably owed his taste for anatomical and zoölogical inquiries to the teachings of his father, the physician Nicomachus, the 'Historia Animalium,' and the treatise 'De Partibus Animalium,' are as free from any allusion to medicine as if they had issued from a modern biological laboratory.

"It may be added, that it is not easy to see in what way it could have benefited a physician of Alexander's time to know all that Aristotle knew on these subjects. His human anatomy was too rough to avail much in diagnosis, his physiology was too

erroneous to supply data for pathological reasoning. But when the Alexandrian school, with Erasistratus and Herophilus at their head, turned to account the opportunities of studying human structure afforded to them by the Ptolemies, the value of the large amount of accurate knowledge thus obtained to the surgeon for his operations, and to the physician for his diagnosis of internal disorders, became obvious, and a connection was established between anatomy and medicine, which has ever become closer and closer. Since the revival of learning, surgery, medical diagnosis, and anatomy have gone hand in hand. Morgagni called his great work 'De Sedibus et Causis Morborum per Anatomen Indagatis,' and not only showed the way to search out the localities and the causes of disease by anatomy, but himself traveled wonderfully far upon the road. Bichat, discriminating the grosser constituents of the organs and parts of the body one from another, pointed out the direction which modern research must take; until at length histology, a science of yesterday, as it seems to many of us, has carried the work of Morgagni as far as the microscope can take us, and has extended the realm of pathological anatomy to the limits of the invisible world."

He then alluded to the influence of Harvey on physiology, and while admitting its great value, showed that at the same time Harvey still was too much a true son of Galen and Hippocrates. He then pointed out the great services of René Descartes to physiology in enunciating the proposition that vital phenomena were resolvable into matter and motion showed at the same time that Descartes clearly perceived that a knowledge of nature would lead to the construction of a better medical doctrine.* "The anti-Cartesians found material for cheap ridicule in these aspirations of the philosopher; and it is almost needless to say that, in the thirteen years which elapsed between the publication of the "Discours" and the death of Descartes, he did not contribute much to their realization. But for the next century all progress in physiology took place along the lines which Descartes laid down.

"The greatest physiological and pathological work of the seventeenth century, Borelle's treatise "De motu animalium," is, to all intents and purposes, a development of Descartes' fundamental conception; and

* Discours de la Methode, 6me partie. Ed. Cousin. Pp. 193 and 211.

the same may be said of the physiology and pathology of Boerhaave, whose authority dominated in the medical world in the first half of the eighteenth century. With the origin of modern chemistry and of electrical science, in the latter half of the eighteenth century, aids in the analysis of the phenomena of life, of which Descartes could not have dreamed, were offered to the physiologist. And the greater part of the gigantic progress which has been made in the present century is a justification of the provision of Descartes, for it consists essentially in a more and more complete resolution of the grosser organs of the living body into physio-chemical mechanisms. "I shall try to explain our whole bodily machinery in such a way that it will be no more necessary for us to suppose that the soul produces such movements as are not voluntary than it is to think that there is in a clock a soul which causes it to show the hours."[†] These words of Descartes might be appropriately taken as a motto by the author of any modern treatise on physiology.

But though, I think, there is no doubt that Descartes was the first to propound the fundamental conception of the living body as a physical mechanism, which is the distinctive feature of modern as contrasted with ancient physiology, he was misled by the natural temptation to carry out, in all its details, a parallel between the machines with which he was familiar, such as clocks and pieces of hydraulic apparatus, and the living machine. In all such machines there is a central source of power, and the parts of the machine are merely passive distributors of that power. The Cartesian school conceived of the living body as a machine of this kind; and herein they might have learned from Galen, who, whatever ill use he may have made of the doctrine of "natural faculties," nevertheless had the great merit of perceiving that local forces play a great part in physiology. The same truth was recognized by Glisson, but it was first prominently brought forward in the Hallerian doctrine of the "vis insita" of muscles. If muscle can contract without nerve, there is an end of the Cartesian mechanical explanation of its contraction by the influx of animal spirit. The discoveries of Trembley tended in the same direction. In the fresh water Hydra no trace was to be found of that complicated machinery

upon which the performance of the functions in the higher animals was supposed to depend. And yet the hydra moved, fed, grew, multiplied, and its fragments exhibited all the powers of the whole. And, finally, the work of Casper F. Wolff,[‡] by demonstrating the fact that the growth and development of both plants and animals take place antecedently to the existence of their grosser organs, and are, in fact, the causes and not the consequences of organization (as then understood), sapped the foundations of the Cartesian physiology as a complete expression of vital phenomena. For Wolff, the physical basis of life is a fluid, possessed of a "vis essentialis" and a "soldescibilitas," in virtue of which it gives rise to organization; and, as he points out, this conclusion strikes at the root of the whole iatro-mechanical system.

"In this country the great authority of John Hunter exerted a similar influence, though it must be admitted that the too sibylline utterances which are the outcome of Hunter's struggles to define his conceptions, are often susceptible of more than one interpretation. Nevertheless, on some points Hunter is clear enough. For example, he is of opinion that 'spirit is only a property of matter,' ('Introduction to Natural History,' page 6), he is prepared to renounce animism (l. c., p. 8), and his conception of life is so completely physical that he thinks of it as something which can exist in a state of combination in the food. 'The aliment we take has in it, in a fixed state, the real life, and this does not become active until it has got into the lungs, for there it is freed from its prison' ('Observations on Physiology,' p. 113). He also thinks that: 'It is more in accord with the general principles of the animal machine to suppose that none of its effects are produced from any mechanical principle whatever, and that every effect is produced from an action in the part, which action is produced by a stimulus upon the part which acts, or upon some other part with which this part sympathizes, so as to take up the whole action' (l. c., p. 152). And Hunter is as clear as Wolff, with whose work he probably was unacquainted, that 'whatever life is, it most certainly does not depend upon structure or organization' (l. c., p. 114).

"Of course, it is impossible that Hunter could have intended to deny the existence

[†] De la Formation du Fœtus.

[‡] Theoria Generationis, 1759.

of purely mechanical operations in the animal body. But while, with Borelli and Boerhaave, he looked upon absorption, nutrition, and secretion as operations effected by means of the small vessels, he differed from the mechanical physiologists, who regarded these operations as the result of the mechanical properties of the small vessels, such as the size, form, and disposition of their canals and apertures. Hunter, on the contrary, considers them to be the effect of properties of these vessels which are not mechanical, but vital. 'The vessels,' says he, 'have more of the polypus in them than any other part of the body,' and he talks of the 'living and sensitive principles of the arteries,' and even of the 'dispositions or feelings of the arteries.' 'When the blood is good and genuine, the sensations of the arteries, or the dispositions for sensation, are agreeable. . . . It is then they dispose of the blood to the best advantage, increasing the growth of the whole, supplying any losses, keeping up a due succession, etc.' (l. c., p. 133).

"If we follow Hunter's conceptions to their logical issue, the life of one of the higher animals is essentially the sum of the lives of all the vessels, each of which is a sort of physiological unit, answering to a polyp; and, as health is the result of the normal 'action of the vessels,' so is disease an effect of their abnormal action. Hunter thus stands in thought, as in time, midway between Borelli on the one hand, and Bichat on the other. The acute founder of general anatomy, in fact, outdoes Hunter in his desire to exclude physical reasonings from the realm of life. Except in the interpretation of the action of the sense organs, he will not allow physics to have anything to do with physiology. 'To apply the physical sciences to physiology is to explain the phenomena of living bodies by the laws of inert bodies. Now, this is a false principle, hence all its consequences are marked with the same stamp. Let us leave to chemistry its affinity, to physics its elasticity and its gravity. Let us invoke for physiology only sensibility and contractility.' Of all the unfortunate dicta of men of eminent ability this seems one of the most unhappy, when we think of what the application of the methods and data of physics and chemistry has done toward bringing physiology into its present state. It is not too much to say that one-half of a modern text-book of physiology consists of applied physics and chemistry,

and that it is exactly in the exploration of the phenomena of sensibility and contractility that physics and chemistry have exerted the most potent influence.

"Nevertheless, Bichat rendered a solid service to physiological progress by insisting upon the fact that what we call life in one of the higher animals is not an invisible unitary archæus dominating from its central seats the parts of the organism, but a compound result of the synthesis of the separate lives of those parts. 'All animals,' says he, 'are assemblages of different organs, each of which performs its function and concurs, after its fashion, in the preservation of the whole. There are so many special machines in the general machine which constitutes the individual. But each of these special machines is itself compounded of many tissues of very different natures, which, in truth, constitute the elements of these organs (l. c., lxxix.) The conception of a proper vitality is applicable only to these simple tissues, and not to the organs themselves (l. c., lxxxiv.)' And Bichat proceeds to make the obvious application of this doctrine of synthetic life, if I may so call it, to pathology. Since diseases are only alterations of vital properties, and the properties of each tissue are distinct from those of the rest, it is evident that the diseases of each tissue must be different from those of the rest. Therefore, in any organ composed of different tissues, one may be diseased and the other remain healthy, and this is what happens in most cases (l. c., lxxxv.). In a spirit of true prophecy, Bichat says: 'We have arrived at an epoch in which pathological anatomy should start afresh, for, as the analysis of the organ had led him to the tissues as the physiological units of the organism, so, in a succeeding generation, the analysis of the tissues led to the cell as the physiological element of the tissues. The contemporaneous study of development brought out the same result, and the zoölogists and botanists, exploring the simplest and the lowest forms of animated beings confirmed the great induction of the cell theory. Thus the apparently opposed views which have been battling with one another ever since the middle of the last century have proved to be each half a truth.

"The proposition of Descartes, that the body of a living man is a machine, the actions of which are explicable by the known laws of matter and motion, is unquestionably largely true. But it is also

true that the living body is a synthesis of innumerable physiological elements, each of which may nearly be described in Wolff's words, as a fluid possessed of a *vis essentialis*, and a *solidescibilitas*; or, in modern phrase, as protoplasm susceptible of structural metamorphosis and functional metabolism; and that the only machinery, in the precise sense in which the Cartesian school understood mechanism, is that which coordinates and regulates the physiological units into an organic whole. In fact, the body is a machine of the nature of an army, not of that of a watch, or of a hydraulic apparatus. Of this army, each cell is a soldier, an organ a brigade, the central nervous system, headquarters and field telegraph, the alimentary and circulatory system, the commissariat. Losses are made good by recruits born in camp, and the life of the individual is a campaign, conducted successfully for a number of years, but with certain defeat in the long run.

"The efficacy of an army at any given moment depends on the health of the individual soldier, and on the perfection of the machinery by which he is led and brought into action at the proper time; and, therefore, if the analogy holds good, there can be only two kinds of diseases, the one dependent on abnormal states of the physiological units, the other on perturbation of their coordinating and alimentative machinery. Hence, the establishment of the cell theory in normal biology was swiftly followed by a 'cellular pathology' as its logical counterpart. I need not remind you how great an instrument of investigation this doctrine has proved in the hands of the man of genius, to whom its development is due, and who would probably be the last to forget that abnormal conditions of the coordinative and distributive machinery of the body are no less important factors of disease. Henceforward, as it appears to me, the connection of medicine with the biological sciences is clearly defined. Pure pathology is that branch of biology which defines the particular perturbation of cell-life, or of the coordinating machinery, or of both, on which the phenomena of disease depend.

"Those who are conversant with the present state of biology will hardly hesitate to admit that the conception of the life of one of the higher animals as the summation of the lives of a cell-aggregate, brought into harmonious action by a coordinative machinery formed by some of these cells,

constitutes a permanent acquisition of physiological science. But the last form of the battle between the animistic and the physical views of life is seen in the contention whether the physical analysis of vital phenomena can be carried beyond this point.

"There are some to whom living protoplasm is a substance even such as Harvey conceived the blood to be, *summa cum providentia et intellectu in finem certum agens, quasi ratiocinio quodam*; and who look, with as little favor as Bichat did, upon any attempt to apply the principles and the methods of physics and chemistry to the investigation of the vital processes of growth, metabolism, and contractility. They stand upon the ancient ways; only, in accordance with that progress toward democracy which a great political writer has declared to be the fatal characteristic of modern times, they substitute a republic formed by a few billion of '*animulæ*' for the monarchy of the all-pervading '*anima*.' Others, on the contrary, supported by a robust faith in the universal applicability of the principles laid down by Descartes, and seeing that the actions called 'vital' are, so far as we have any means of knowing, nothing but changes of place of particles of matter, look to molecular physics to achieve the analysis of the living protoplasm itself into a molecular mechanism."

He concluded by an appeal to the Congress to endeavor to settle in some way the problem of giving a student a good idea of biology, without unnecessary detail.

Dr. George M. Beard's "Trained Patient," exhibited by him during the meeting of the International Medical Congress, was proven by the severe cross examination of Drs. Crichton Browne, Horatio Donkin and Hack Tuke, to be a professional performer of Edinburgh, Scotland. Dr. Beard was swindled by the feats of "his Jeremiah Diddler," and was rendered extremely ridiculous. Dr. Beard should not be held entirely destitute of blame, as he attempted to defend himself by claiming that the New York Academy of Medicine had endorsed him, which Dr. Adams, Secretary of that body, immediately denied. Dr. Beard seems to find the shores of England very fatal to some pet theories of his.

After the usual votes of thanks, awarding of medals of honor and miscellaneous business, and after referring the next place of meeting to the Executive Committee, the Congress adjourned. T.

REVIEWS.

CHIRURGIE ANTI-SEPTIQUE PRINCIPLES, Modes d'Application et Resultats du Pansement du Lester, Par le Dr. Just Lucas-Champonnière, Chirurgien de la Maternité de l'Hôpital Cochin; Membre de la Société de Chirurgie, Redacteur en Chef du Journal de Médecine et de Chirurgie Pratique. Deuxième édition. Complètement Refondue. J. Ballière, et Fils, Paris, 1880.

ANTISEPTIC SURGERY, Principles, Methods of Application and Results of the Lister Dressings. By Dr. Just Lucas, Champonnière, Surgeon to la Maternité of the Cochin Hospital, Member of the Société de Chirurgie, Editor in Chief of the Journal de Médecine et de Chirurgie. Second edition, completely revised. J. B. Ballière et Fils, Paris, 1880.

This work contains a clear, concise and detailed account of the principles and methods of application of antiseptic surgery, together with the results obtained by it in practice. While Dr. Champonnière is an enthusiast on the subject of antiseptic surgery it cannot but be said that it is enthusiasm engendered by knowledge and alloyed with a wise impartiality. While the recent developments at the late International Medical Congress have somewhat diminished the value of antiseptic surgery in the eyes of those unthinking medical men whose great desire is to follow what has been aptly styled fashion in therapeutics, still there are those who weigh carefully the results of every current and counter-current in medical opinion, and to these this work of Dr. Champonnière will be of undoubted value. The work is composed of thirty-three chapters and an introduction. The first chapter is devoted to a very valuable general history of the progress of surgery. The next five chapters are devoted to the subject of antiseptic dressings, which are very fully discussed in all their relations. The seventh chapter is devoted to the reunion of wounds. The next very fully consider the important subject of drainage. The remaining chapters are devoted to antisepticism in its relations to general surgery, gynæcology, military surgery, etc. The book, taken as a whole, is of great value, and should be in the library of every medical man. Its bibliographical appearance is far behind that of most American publications.

GENERAL MEDICAL CHEMISTRY for the use of practitioners. By R. A. Witthaus, A. M., M. D. Wood's Library for August. New York: William Wood & Co., 1881; W. T. Keener, Chicago.

This chemistry while elaborate and very exhaustive both of its subject and its reader cannot be said to be well fitted for the use of the practitioner. It is evidently written by one, who may be a good chemist, but who has certainly but little conception of the wants of the practising physician. The book is overloaded by a mass of useless verbiage and unessential detail. The author has given extensive chemical formulæ and proposes to give considerable details concerning the chemistry and toxicology of the alkaloids. These latter are but repetitions of what is stated with much more clearness in the National Dispensatory. The book, to a certain extent, is valuable, and were it subjected to the proper amount of condensation and elucidation would be very useful. Wood's library for this year, which has been so far well worth double the money invested in it, would be incomplete without something of the kind. The arrangement adopted by the author is as follows: The book is divided into an "Introduction" and a department of "Special Chemistry." The division of the elements into metals, and metalloids has been regarded as unscientific. Organic chemistry has been considered not as a special branch, but in its relations to the chemistry of carbon. There are no illustrations. All weights and measures are given in the metric system and all temperatures in the centigrade scale. The author's style is cumbersome, and at times, rather diffuse, and, one might conceive, gives evidence of not a little contempt for his readers on the part of the author. The book is fully up to the rest of the library in bibliographical appearance, and through no fault of the author is of some value.

SYPHILIS AND RACHITIS.—Parrot (L'Union Médicale, September 15, 1881,) claims that rachitis originates almost exclusively from hereditary syphilis. While there are many reasons for supposing that hereditary syphilis is responsible for many cases of rachitis, the opinion of Parrot seems altogether too sweeping. Much harm is done by such statements.

BOOKS AND PAMPHLETS.

Henry M. Lyman, M. D., 533 West Adams Street, Chicago. Artificial Anæsthesia and Anæsthetics. Wood's Library of Standard Medical Authors for September, 1881. New York: William Wood & Co., 1881; W. T. Keener, Chicago.

Lindsay and Blakestone, Philadelphia, Pennsylvania. The Physician's Visiting List for 1882.

Dr. J. J. B. Vermyne, New Bedford, Massachusetts. Transactions of the American Otological Society. Fourteenth Annual Meeting Newport, Rhode Island, July 26, 1881. Vol. II., Part 5.

Samuel Theobald, M. D., Baltimore, Maryland. Report of Section on Ophthalmology and Otology. Reprint from Transactions of Medical and Chirurgical Faculty of Maryland, 1881.

Edward C. Spitzka, M. D., 130 East Fiftieth Street, New York City. Notes on the Architecture of the Oblongata. Reprint from the New York Medical Journal and Obstetrical Review, September, 1881.

A. V. Erich, M. D., Baltimore, Maryland. Chronic Pelvic Abscess. A Contribution to the Differential Diagnosis of Abdominal Tumors. Read at the Clinical Society of Maryland, 1881.

Presley Blakston, 1012 Walnut Street, Philadelphia, Pennsylvania. Catalogue of Medical-Dental, Pharmaceutical and Scientific Publications.

THE ARMY.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from September 3, 1881, to October 4, 1881.

Alexander, R. H., Major and Surgeon. Relieved from duty in Dept. of the East, to take effect October 1, 1881, and granted leave of absence for three months, with permission to apply for one month's extension at expiration thereof, to report by letter to the Surgeon General. S. O. 215, A. G. O., Sept. 19, 1881.

King, Wm. H., Captain and Assistant Surgeon. When relieved by Asst. Surgeon Turrill, to proceed to Governor's Island, New York Harbor, and report in person at these Headquarters. S. O. 170, Dept. of the East, Sept. 24, 1881.

Brown, P. R., Captain and Asst. Surgeon. Granted leave of absence for one month. S. O. 210, A. G. O., Sept. 13, 1881.

Skinner, J. O., Captain and Asst. Surgeon. Relieved from duty at Fort Verde, A. T., and to proceed to Wilcox, A. T., for duty as Acting Medical Purveyor in the field. S. O. 107, Dept. of Arizona, Sept. 17, 1881.

Gray, Wm. W., First Lieutenant and Asst. Surgeon. Relieved from duty at Fort Canby, W. T., and assigned to duty at Fort Townsend, W. T. C. S., Dept. of the Columbia.

Reed, W., Captain and Asst. Surgeon. Assigned to duty with Light Battery "A," Second Artillery, ordered to leave Washington Barracks, D. C., on Sept. 20, and march to Yorktown, Va. S. O. 165, Dept. of the East, Sept. 16, 1881.

Burton, H. G., Captain and Asst. Surgeon. To accompany Light Battery "C," Third Artillery, as medical officer, on its march from Fort Hamilton, N. Y., to Yorktown, Va., via. Trenton, N. J., Philadelphia and Columbia, Pa., Baltimore, Md., and Washington, D. C., and remain with it until further orders. S. O. 163, Dept. of the East, Sept. 14, 1881.

Taylor, A. W., First Lieutenant and Asst. Surgeon. Relieved from temporary duty at Fort Lyon, Colo., to proceed to Fort Dodge, Kans., there await arrival of escort conducting Little Chief and his band to Dept. of Dakota, and report to the commanding officer as medical officer. After reaching Sidney, Neb., on return trip, to proceed direct to Fort Leavenworth, Kans., and report to the Medical Director of the Department. S. O. 188, Dept. of the Missouri, Sept. 16, 1881.

Murray Robert, Colonel and Surgeon, Medical Director Mil. Div. of the Missouri. Granted leave of absence for two months. S. O. 100, Mil. Div. of the Missouri, October 5, 1881.

Byrne, C. C., major and Surgeon, to proceed from Wilcox to Camp Thomas, A. T., and report to the commanding officer for duty in the field. Field orders, No. 4, Dept. of Arizona, September 9, 1881.

Woodhull, A. A., Major and Surgeon. Granted leave of absence for four months. S. O. 227, A. G. O., October 7, 1881.

Huntington, D. L., Major and Surgeon. Relieved from duty as attending surgeon at the Soldiers' Home, D. C., and to report in person to the Surgeon General for duty as Curator of the Army Medical Museum, and to take charge of the division of surgical records of the Surgeon General's office. S. O. 217, A. G. O., September 24, 1881.

Brown, Harvey E., Major and Surgeon. Granted leave of absence for four months. S. O. 220, A. G. O., September 29, 1881.

Cleary, P. J. A., Captain and Asst. Surgeon. Granted leave of absence for six months on Surgeon's certificate of disability, with permission to apply for six months extension, if necessary. S. O. 224, A. G. O., October 4, 1881.

Koerper, E. A., Captain and Asst. Surgeon. Assigned to duty at Plattsburg Barracks, N. Y., as Post Surgeon. S. O. 180, Dept. of the East, October 7, 1881.

Ring, Wm. H., Captain and Asst. Surgeon, to proceed without delay to Fort Trumbull, Connecticut, and report to the commanding officer for temporary duty. S. O. 176, Dept. of the East, October 3, 1881.

Ewen, Clarence, Captain and Asst. Surgeon. Granted leave of absence for one year on Surgeon's certificate of disability, with permission to go beyond sea. S. O. 220, C. S., A. G. O.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

EDITORIAL CORPS:

J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.

E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.

CHRISTIAN FENGER,
Surgery.

HENRY GRADLE,
Physiology, and Diseases of the Eye, Ear and Throat.

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REMEDIALE INJUSTICE.—There can be no greater injustice committed toward any one than to expose family afflictions to public criticism. This is being constantly done by the lunacy trials in this state. The daily papers frequently state that attendance on the courts on "insane day" is becoming a fashionable pastime, as much amusement is then and there to be had. Those who attend these trials do not dream of the useless cruelty they are inflicting on the friends of those being tried like criminals for a disease. Very frequently the question of the support of the patient comes up, and people in moderate circumstances must feel deeply the stigma of being heralded forth to the world as the relatives of a pauper. As an argument for the law it may be urged that the liberty of the citizen needs some such protection. The lunacy law of Illinois can easily be shown by statistics, to give no more protection than the laws of various other states not requiring proceedings of such publicity. The average juryman is incapable of deciding such abstruse questions as insanity, and the supposed aid given him by medical evidence is accepted only so far as it chimes in with his preconceived ideas on the subject. There are but few physicians in the state who cannot cite cases of hysterical monomania, of monomania simplex, or of

epileptic insanity, which have been pronounced time after time sane by these sapient juries, although to their relatives, friends and residents in their vicinity they were very troublesome and dangerous. Such a lunatic as the one who assassinated the late President would never have been convicted by juries whose only criterion of insanity is one who is at all times violent or talks sillily. At the same time, a jury of the kind usually called on to decide insanity cases is much more easily bribed than the most venial member of the medical profession. The lunacy law of Illinois should therefore be amended in such a manner as to provide more privacy and greater security for life and property. As it stands now, it is easier to commit a dangerous case of monomania to a prison than to send it to an asylum. The best safeguard for public liberty in respect to insanity is not to throw difficulties in the way of the committal of the insane, but to require rigid supervision and inspection of institutions where the patients are kept after being adjudged insane.

GUITEAU'S INSANITY.—The Review was the first journal to assert the insanity of the President's assassin. The day will come when the priority of this claim will become sufficiently valuable to render it the subject

of contest, but we shall cheerfully content ourselves with being acknowledged as among the first to hold the just and scientifically correct view of the case with such Journals as the Ohio Medical Journal, the St. Louis Clinical Record, the Journal of Nervous and Mental Disease, and the Boston Medical and Surgical Journal. More recently the Lancet has committed itself to the same opinion as the one repeatedly expressed in these pages, and among our numerous alienist correspondents, not one but unhesitatingly endorses our position. Dr. Hammond even, who entertains somewhat aberrant views as to the responsibility of lunatics, and advocates the Spartan policy of their extermination, if criminal, pronounces Guiteau insane. We consider his opinion as to Guiteau's mental condition, of sufficient value to merit mention and as strong an endorsement of the correctness of our view as we could have desired. His medico-legal interpretation, however, is so utterly isolated from that of alienists and medical jurists in general, that we can readily afford to dispense with that part of his statement, which as reported in the daily papers, reads that Guiteau although insane, should be hanged.

THE Medical Record of October 22, contains an editorial on this subject, which to no inconsiderable extent seems to be modelled on one of our editorials, and which in the main, appears to be animated by a spirit of caution and equity, which we cannot but commend. Unfortunately its writer does not seem to have been able to hold apart the question of Guiteau's insanity, and the random interpretations made by certain lawyers, of the tests of responsibility. In parts this editorial is fully up to the times, in others as where it implies that delusion is the test of insanity, it is quite mediæval. In its opening paragraph, it is stated there are "unquestionably many strong reasons for believing Guiteau to be of unsound mind," and that it would be 'unjust, wrong, and, politically speaking, utile to execute Guiteau, if insane.' In

the next paragraph it is stated that Guiteau "has that form of monomania, which has been described by German writers as *primäre verrücktheit*, and by others as partial intellectual insanity." A wonderful salto mortale is made in the concluding sentence: "But now it appears quite clear that the prisoner's crime was the act of a vicious nature, congenitally bad and erratic, perhaps, but made worse by self-indulgence and the unchecked promptings of a supreme egotism," "if society must protect itself by taking life for life, it must in justice bring to account such miscreants as Guiteau."

IF the Medical Record were to familiarize itself, if not by actual study of the insane, through standard works, of the real formation, character and results of insanity, it would wish the latter clauses unwritten. It would find that there are lunatics "congenitally bad and erratic," whose "supreme egotism" was in its essence a constitutional manifestation of their insanity, not produced by "self-indulgence" but inherited with their defective brain organization from an insane ancestry, as was undoubtedly the case with Guiteau.

WE must confess that we can hardly account for the inconsistencies in which this single editorial of our esteemed cotemporary appears to be richer than any other equally short piece of Eng'ish writing that we have read in some time. Aside from the inherent contradiction existing between the opening and closing paragraphs, another paragraph contains the statement that Guiteau's history presents evidences of delusion, incoherence, moral perversion and morbid egotism, and then goes on to say that the tendency to deluded opinions proceeding from morbid egotism, must be considered the test of his intellectual condition, and opens the next sentence by the surprisingly illogical conclusion that "judged by this test, we cannot convince ourselves that Guiteau should be considered positively insane!" Here the first premise in the

editor's mind appears to have been that delusion proceeding from egotism is the test of insanity, the second premise: Guiteau had delusion proceeding from egotism, and the conclusion: Therefore Guiteau is not to be considered insane!

IN another place it is admitted that when he murdered the President, he did so under a delusion fed by his egotism, that at earlier periods of his life he entertained delusions, that one uncle and two cousins have been insane, and that he was at different times incoherent, in addition to the facts admitted in the other paragraphs alluded to; then the Medical Record proceeds to quote Bucknill and Tuke as saying that deluded opinion on one subject, standing by itself, and without hallucination or perversion of the emotions or instincts, can rarely be recognized as a form of insanity, and that as Guiteau's delusions were not accompanied by such perversions to any marked degree, he is not necessarily a lunatic. In still another paragraph, the statement is blankly made that he is vain, bristly, weakminded, and offensively eccentric, but not insane. Here we have: First Premise: Delusions accompanied by perversions of the emotions and instincts, whatever those may be, prove insanity. Second Premise: Guiteau had such perversions. Conclusion: Guiteau is not insane. But this kind of reasoning should not perhaps surprise us much as it did, when we recollect that Guy's definition of delusion, and Elwell's test of responsibility are among the mill-stones hanging around our esteemed cotemporary's neck. With such guides, and attempting to sit on all sides of the question at once, it is not to be wondered at, that the Medical Record, in its four column editorial, should successively say, directly or by implication: First: That it would be unjust to hang Guiteau if insane. Second: That Guiteau is a monomaniac. Third: That Guiteau had no less than five of the fundamental symptoms of insanity. Fourth: That Guiteau had only one of these symptoms; delusion.

Fifth: That delusion is the test of insanity. Sixth: That it is not a proof of insanity in Guiteau's case. Seventh: That he really had no delusion. Eighth: That he is only a vicious fellow. Ninth: That Guiteau should be hanged! What a misfortune that our esteemed cotemporary's editor did not read this remarkable product of one or more of his editorial pens backwards. We fear that he would find himself constrained to defend the dictum, for his own sake, that incoherency like delusion, by itself, did not constitute a test of mental derangement.

CHIO TURPENTINE.—Jansen (*Bulletin Général de Thérapeutique Médicale et Chirurgicale*, May 30, 1881,) says concerning Chio turpentine: "This turpentine, as obtained from England, has the appearance of Canada balsam mixed with Venice turpentine; it has a well pronounced turpentine odor and taste, and is of a yellowish-gold color. It is limpid, liquid, and without impurity. Chio turpentine, as obtained by me from Chio, has on the contrary, the consistency of old liquid styrax; it scales off when raised by a spatula, and is only slightly sticky in contact with the hand. Seen in mass it does not appear to be transparent, but on a thin section being made it is passably, and would be completely, translucent, were it not for numerous black specks of bark disseminated in it. The color in mass is brown, varying slightly toward green; in small fragments it is yellowish-brown. Its odor is neither that of turpentine nor of fennel, as has been affirmed, but resembles very much that produced when colophony and yellow wax have been melted together. It has an odor having some resemblance to that of Citrus limettre. Its taste is very sweet, neither bitter nor acid. Its solution by alcohol is relatively rapid, and it yields by repose a slight sediment. It reddens feebly blue litmus paper. It yields an almost clear solution with ether, amylic alcohol, or acetone. For internal use it is best administered in pills after the following

formula: Chio turpentine, 3 j; washed sulphur, $\mathfrak{D}$ jss, licorice powder, q. s. to make thirty pills of which two are to be taken every four hours. For external use it is best applied after the following formula: Chio turpentine, five parts; vaseline, thirty parts. Make an ointment by mild heat.

NITROUS GASES, such as are produced in the manufacture of sulphuric acid, and which are present in the so-called "chamber crystals," have also been used as disinfectant, and have not only proven useful but even more useful in some cases than ozone itself. These gases, however, because of their irritating effect upon the membranes of the respiratory organs, can never take the place of ozone. The latter, after doing its work, may become changed again into oxygen or disappear altogether.

TONGA.—A legal contest is now being waged between two leading firms of manufacturing pharmacists concerning the right to use this term. Strictly speaking, there can be but one side to this question, for if the right exists to copyright the name of any single newly discovered remedy there is an equal right to copyright all, and how much of a clog to medical progress this would be scarcely needs mention. One of these firms, be its motives what they may, is certainly right in denying the claim of any one to copyright what is now generally accepted as a scientific term. The term in dispute is by no means a new one; it was in use fifty years ago, according to the *Pharmaceutisches Centralhalle*. How any one can claim copyright of it under such circumstances will puzzle an impartial observer. The medical profession is interested very deeply in this question, for it involves the right not to a specific preparation or mode of manufacture but to the use of a single article of the *materia medica*, and if this claim of copyright be conceded the profession will suffer a series of extortions at the hands of unscrupulous pharmaceutical corporations.

ARNICA IN FURUNCULOSIS.—Dr. Planat (*Revue de Thérapeutique Médico-Chirurgicale*) claims very good results from the use of arnica paste in the treatment of furuncles of a purely inflammatory character. Arnica, according to him, aborts furuncles with great promptitude, probably by reason of its action on the vaso-constrictor nerves of the superficial vessels of the skin. The inunctions are made with the following mixture: Extract of fresh flowers of arnica, two drachms and a half; honey, five drachms. If this mixture prove to be too liquid, a small quantity of lycopodium should be added to it, to render it sufficiently adhesive. This paste is spread in moderate thickness on waxed linen or on diachylon plaster and applied to the furuncle. The dressing should be renewed every twenty-four hours. Two or three applications generally suffice to abort furuncles. Occasionally, when due to diathetic conditions internal treatment will be rendered somewhat necessary.

ABSENCE OF PART OF THE DIAPHRAGM.—Polaillon (*Annales de Gynécologie*, April, 1881,) reports two cases of congenital absence of part of the diaphragm with consequent visceral displacement; death occurred soon after birth. The symptoms present were thoracic respiration only, cardiac displacement, great dyspnoea and intra-thoracic borborygmi. Death generally results from pulmonary compression although cardiac involvement may aggravate this if the malformation be on the left side, as has been found to be the case in twenty-three out of the thirty-seven instances thus far reported.

ANISE IN LACTATION.—Dr. Dolan (Practitioner, August,) finds that while anise administered to a nursing women has no effect on her flow of milk, the milk is taken in this way with avidity by the child. He suggests that this circumstance might be taken advantage of in the treatment of infantile flatulent colic.

SANITATION VS. VACCINATION.—Small-pox has been prevalent in the Fourteenth Ward of this city for the past eighteen months, and for the past year has proved a source of serious anxiety. This ward has a population of sixty-four thousand, of various nationalities, largely Germanic, or North European. Poland has about twenty-five thousand representatives in Chicago, a large number of whom live in the Fourteenth Ward; who, as a rule, are violently opposed to vaccination, and in this opposition have been strongly seconded by many of the physicians of that locality. During last summer, the tide of immigration to the north-west has passed through Chicago. Many of the immigrants have become permanent residents of the Fourteenth Ward. It is probable that fifty per cent. of the immigrants who reach Chicago, are liable to small-pox infection. The Fourteenth Ward is simply a great slough, and the houses are from three to eight feet below the level of the streets. Saturated with moisture, undrained, covered with the filth of the neighborhood, this part of the city is in a deplorable sanitary condition.

It is almost unnecessary to say that cleanliness in person and surroundings has no influence on small-pox infection. The doctrine that cleanliness is more important than vaccination has been expounded by some of the medical lights of that neighborhood. They, however, forget or have never been acquainted with modern epidemiology. The experience of Andersonville prison, where something like sixty thousand prisoners were confined in a filth appalling in character and extent, demonstrates this position. Small-pox was twice introduced into that pen, but extensive and thorough vaccination at the date of enlistment prevented the spread of the disease. Not more than a dozen deaths occurred. The fifteen or twenty thousand Confederate prisoners, massed together at the mouth of the Chesapeake, were better fed, and their quarters better policed than at Anderson-

ville, yet the conditions were such as to invite the spread of variolous disease if unsanitary conditions could stimulate it, but when small-pox was introduced, only five cases occurred. In modern European armies the same facts have been observed. The citizens of the Fourteenth Ward should not attempt to remove the responsibility of the epidemic of small-pox in their midst from their own shoulders to the municipal authorities. In successful vaccination, and in vaccination alone, their safety lies. There is no intention to intimate that unsanitary conditions do not exert any influence on the mortality of small-pox. A specific influence exists in variola which filth may aid but cannot create. This is such a patent truism that it is very little to the credit of certain members of the medical profession of the Fourteenth Ward that from a suspicious kind of amnesia they have enunciated obviously false opinions to the contrary.

Against such open opposition from the populace and covert hostility from the physicians, the success of the Health Department in preventing the extension of the epidemic condition of the Fourteenth Ward greatly redounds to its credit. In the midst of a population so active as that of Chicago, that such a disease as small-pox could be circumscribed as this has been, is the highest evidence of the efficiency of the Health Commissioner and of the Health Department of Chicago.

SEA - SICKNESS.—Dr. Barkany (British Medical Journal, October 8, 1881) claims very good results from the use of Court St. Etienne arsenical mineral waters in sea-sickness. On one hundred and sixteen patients, suffering from sea-sickness, being given one-third of a litre of this water daily, eighteen were not benefitted, but most of the others were immediately relieved, some being at once cured. There is, however, but little doubt that the influence of faith in the mode of cure plays here, as in hay fever, a very important part.

VAGINAL EXTIRPATION OF THE UTERUS.

—Dr. Chr. Fenger recently performed a successful vaginal extirpation of the uterus for epithelioma of that organ, the first one recorded in the United States. The details of the case are as follows: The patient was married and had nine children, of whom six are still living. Her last pregnancy occurred nine months previous to the operation. She felt more tired and more sensations of bearing down subsequent to delivery than at any previous confinement. Two weeks after delivery hæmorrhage set in and had recurred at intervals of two days, up to the time she came under Dr. Fenger's care, in consequence of which she became pale and anæmic. He was called in consultation in the case in August, 1881, and found that a foetid bloody discharge exuded from the vagina. The cervix uteri was transformed into an ulcerated malignant growth and much enlarged. The uterus generally was somewhat enlarged, but freely movable.

Microscopical examination of a piece taken from this tumor showed it to be a cylindrical epithelioma, probably originating in the cervical mucous membrane, and therefore very likely also involving the mucous membrane of the uterine cavity. The total extirpation of the uterus was proposed to and accepted by the patient, and on the nineteenth of September Dr. Fenger extirpated this organ through the vagina, having adopted this method as less dangerous than Freund's operation by abdominal section. The patient was anæsthetized and placed in the lithotomy position. The walls of the vagina were held apart by two Simon's specula and the uterus drawn down by strong vulsellum forceps. A circular incision was made into the healthy vaginal mucous membrane around the vaginal portion of the uterus. The hard cancerous tissue of the enlarged neck was carefully dissected loose from the rectum and bladder; the latter had to be opened largely for removal of all malignant growths,

which left an opening requiring eight sutures to close it. The entire posterior cul-de-sac was opened, the fundus was anteverted and drawn downwards into the vulva. The lateral ligaments were ligated with antiseptic silk; the uterine arteries were ligated separately. Then these ligaments were cut off close to the uterus, and this organ drawn out through the vulva. After the prolapsed intestines had been carefully cleaned, the openings in the peritoneum were stitched together with twelve sutures of antiseptic silk. The broad ligaments were stitched to the mucous membrane of the anterior and posterior lacunæ.

The operation lasted two hours and a half, and after it means were taken to secure irrigation by a one-tenth of one per cent. solution of thymol, which was kept up continuously for a week, after which a double drainage tube was inserted. The temperature of the first week ranged between 100° in the morning and 102° in the evening, but gradually fell, becoming normal by the third week. The bowels moved the sixteenth day. During the first two weeks a permanent catheter was used. Some involuntary passage of urine occurred through the vagina. The patient was able to sit up by the twenty-first day. Four weeks after the operation she was up and around, and had an excellent appetite. She can hold her urine for two or three hours, but at times a decreasing quantity still passes through a small vesico-vaginal fistula left from the operation, which is, however, healing up. This operation, in many respects, seems destined to be "the operation" of the future for uterine extirpation.

IODINE IN RATTLESNAKE BITES.—Dr. R. D. Blackwood (Southern Practitioner) claims that iodine is of no value in rattlesnake bites. He relies almost entirely on whiskey and ammonia. The administration of iodine need not, however, contra-indicate the use of these two latter remedies, and the converse of this is also true.

UTERINE CANCER IN THE NEGRO.—Dr. N. S. Guice, of Fayette, Mississippi, says in a recent communication (*Gaillard's Medical Journal*, August, 1881,) in reference to the very positive statement that negroes never have uterine cancer, that: "In a practice of twenty-three years in a district having a large negro population, he has seen three well marked cases of uterine cancer in the pure negro. The disease in each case was 'scirrhus.' There was no noticeable difference in the progress of these cases as compared with the white subjects. It is his impression that he has seen other cases of cancer of the uterus in the negro, but he does not remember them certainly. The three cases referred to were unmistakable, and resulted in death. The disease does not appear to be so common in the negro as in the white race.

ILLINOIS STATE BOARD OF HEALTH.—At the last quarterly meeting of this body much business of especial interest was transacted. The case against Dr. Bryden was taken up, and a nol. pros. entered on condition that he abandon the objectionable practices, of which he was accused. The Board then adopted the following: Resolved that in all cases, where information comes to the knowledge of the Secretary of the Board that persons holding certificates from it, are advertising in an unprofessional manner or in any way are guilty of unprofessional or dishonorable conduct, it shall be the duty of the Secretary to notify them at once to appear before the Board, and show cause why their certificates should not be revoked. Dr. Ludlam then drew up a formal notification to appear. "Dr." Julius L. Lins, who claimed to have a diploma from the University of Marburg, Germany, was found on application to the Dean of that University, to have perjured himself, whereupon his certificate was revoked and cancelled. The accusation of Dr. G. H. Leach, of Cairo, against Dr. Moreau, of the same place, was then taken up, and these two gentlemen cited to ap-

pear before the Board. The quarterly report of the Secretary, Dr. J. H. Rauch, was then read, from which it appears that twenty-three practitioners have been forced to leave the state, because of inability to comply with the law. Much annoyance is still caused by itinerant quacks claiming the benefit of the ten year clause. The prevalence of small-pox, and the condition of the Illinois River were very fully discussed, and the Board urged to do all in its power to hasten the construction of the pumps at Bridgeport. The report then took up the subject of railroad sanitation, and Dr. Rauch said that this would depend on the number of passengers, and the conduct of the conductors and porters, and on the length of the trip and the season of year. The report contains some valuable suggestions made to the Pullman Palace Car Company. There was but one case of yellow fever during 1879 on board of these cars, and the car in question was immediately disinfected and exposed to a temperature of 13° F. The dangers of the various summer resorts were then fully discussed by the Secretary, whose report was adopted.

The ten year exemption clause was, by a resolution of the Board, considered to apply only to those actually engaged in medical practice for ten or more years, prior to July 1, 1877. The Board also issued an order that any case of small pox or the prevalence of any epidemic of that disease be notified by the local health authorities, if any, or by the county commissioners, acting as such authorities if need be. The Secretary was authorized to request the various medical schools to give one or more lectures a year on the relation of the profession to the public. The College of Physicians and Surgeons, of Joplin, Missouri, was regarded as not coming up to the standard required by the Board, and its graduates are to be refused certificates. After taking action in the case of other practitioners and in the case of Dr. Pasco, of Chicago, and appointing a committee to report on maritime quaran-

tine, and giving the Secretary full power to take action in regard to forms for vital statistics, and in respect to railroad sanitation, the Board adjourned, having, it will be obvious, accomplished much that is likely to be of considerable benefit to the public and the profession.

PHYSIOLOGICAL ANTAGONISM.—This question which has suddenly acquired great prominence in pharmacology, was brought before the Materia Medica Section of the International Medical Congress by a paper of Dr. H. C. Wood, of Philadelphia. He claimed that all functional activity was the result of molecular movement in living protoplasm. Secretion could be altered, arrested, or increased by an agent, put into the body through either its chemical union, or by reason of its molecular constitution. Gamgee's researches on amyl nitrite had shown that there were substances capable of uniting with living material. Recent researches had shown that chemical antagonisms, so to speak, might be manifest between remedies within the body. Most substances which began by quickening molecular action, when present in excess arrested it; this rule, however, was not absolute. Prevost had pointed out the difference between antidotism and antagonism. A physiological antidote put aside or relieved symptoms that caused death (curare and strychnine.) A physiological antagonist acted in direct opposition to some other substance (chloral and strychnine). Antidotism might or might not be reciprocal; antagonism was always so. Many instances of so-called antagonism were really antidotism. A medicine might be antidotal to itself though no one would call it antagonistic which was illustrated by the action of veratroidia upon the heart. Veratroidia in large doses paralyzed, in small doses stimulated, the heart. Supposing the pneumogastrics to be depressed and the heart's action too rapid, veratroidia might in minute doses diminish the rapidity of the heart's action. Supposing, on the other hand, that

the heart had been paralyzed by an excessive dose of veratroidia or some other stimulant drug, could it not be expected that minute doses of veratroidia might restore the action of the heart? Antagonistic treatment of disease was as much within the grounds of possibility as an antagonistic treatment of poisoning. In most cases the action of disease was so complex and little known that practitioners were thrown back on antidotal or symptomatic treatment. If the distinctions between antagonism and antidotism were borne in mind, the mixed falsity and truth of the *similia similibus curantur* theory was easily seen. The explanation given in the article on Ergot, Epilepsy and Insanity in the Review, is much more plausible and not liable to so many objections, as Dr. Wood's theory.

THE OTOLOGICAL SECTION presented but little in its transactions that could strictly be called original, yet the discussion of such practical subjects by men of so wide and varied experience cannot fail to advance and certainly to fortify our knowledge. The first topic discussed was the value of operations in which the tympanic membrane is incised. Dr. Paquet (Lille) performs myringotomy by two incisions in front and in the rear of the malleus joining below, and excising a portion of the V shaped curtain thus formed. He claims that the perforation thus produced is permanent. The permanence of any perforation was, however, contested by most of the members, from their personal experience. No positive proof seems to have been presented by Dr. Paquet in favor of his assertion. Dr. Guy (Amsterdam) claimed that the cases proper for the operation might be divided into four classes, viz.: First: Acute inflammation of the cavity. Second: Subacute or chronic catarrh of the tympanum with mucous exudation. Third: Cases of chronic catarrh of the tympanum with grave symptoms of internal ear mischief, tinnitus, vertigo, deafness. Fourth: Doubtful cases in which there might be acute inflammation

of the cavity with great pain and fever, and without any swelling of the Eustachian tube. This swelling of the Eustachian tube which played an important part in the etiology of inflammation of the middle ear played another critical part when it produced an accumulation of the secreted fluid in the cavity, and in that way caused a perforation of the membrane. These remarks were on the whole supported by the other members, and it was argued that an incision was indicated in cases of accumulated secretion. The question whether the operation is advisable in proliferous catarrh appeared to be still sub judice.

THE discussion on morbid growths in the ear was opened by Dr. Cassels (Glasgow) with a paper on aural exostoses. He distinguished between two kinds, viz.: hyperostosis and exostosis. The former, a hyperostosis, never appears before the age at which the osseous meatus is completely ossified, is always conical in shape and of ivory hardness, and springs from the bony part of the canal. The exostosis, on other hand, is a new growth, pedunculated arising from the junction of the bony and cartilaginous portions of the meatus, and is at first relatively easy to pierce. It is nearly always complicated with some other ear-trouble, and attended with diminished hearing. The separation for the removal of hyperostosis is only justifiable when its mechanical presence has been ascertained to be the sole cause of the deafness, or when a coincident discharge exists, the escape of which is hindered by the presence of the tumor. The removal is effected with a dentist's drill. The exostosis is removed best with a gouge.

DR. L. TURNBULL (Philadelphia) gave a very complete classification of tumors formed in the ear and the means of their removal. The discussion following was a very animated one. The influence of syphilis as a cause of tumors in the ear was pointed out by several members. The loss of hearing

when the external and middle ears are healthy was discussed next, without, it seems, any further light thrown on the pathology of the affections of the internal ear. Dr. Knapp (New York) referred to the occurrence of total deafness on one or both sides during the course of mumps. He also pointed out the deafness following quinine poisoning. Inherited syphilis and cerebro-spinal meningitis were recognized by most members as the most common causes of deafness due to nerve or cochlear lesions. Amongst various papers on different subjects, one of particular interest to the general practitioner was by Dr. T. Barr (Glasgow) on caseous accumulations in the middle ear, regarded as a probable cause of miliary tubercle. He pointed out that especially in tubercular meningitis an accumulation in the tympanic cavity might often be recognized as the source of the infection.

ACTION OF THE BROMIDES.—Cheron and Fawknez (*Journal de Thérapeutique*, August 25, 1881,) state that bromide of sodium is a reflex moderator which lessens sensibility, and only acts in an appreciable manner on motility when taken in large doses. Potassium bromide, on the other hand, acts on the nervous and muscular system both as a bromide and as a potassium salt. In epilepsy, sodium bromide lessens the reflex power of the medulla and sensation, but does not affect in any marked degree the cerebral activity and muscular power. Sodium bromide in from one to four gramme doses daily, increases the quantity of urine passed and its density and the amount of solids contained therein, but lessens the quantity of urea. If the same individual receive a dose of four grammes daily for a prolonged period an equilibrium becomes established; the quantity of urea excreted rises from seventeen to nineteen grammes per diem, and the total amount of solid matter in the urine also rises from this circumstance. Cheron and Fawknez have been led to use this salt in gout, gravel, rheumatism and some cases of dyspepsia

with success. Ammonium bromide taken under the same circumstances diminishes the quantity of urine excreted, its density being consequently increased. The amount of solid matter excreted was diminished as also was the urea. This salt has the diffusible stimulant action of its base while preserving the sedative properties of bromine. Potassium bromide, like the two bromides just mentioned, lessens the quantity of urea, but is hardly diuretic in doses of one gramme daily. In the same doses it acts on the urine like the other two bromides. It is like them eliminated in part by the mucous membrane, of which it modifies the sensibility, and in part by the kidneys. It thus affects the sensibility of the genital organs. The potassium bromide is a neuro-muscular agent, it moderates the action of the brain and spinal cord. The heart is slackened and muscular paresis supervenes because potassium bromide acts as a bromide, but more particularly because of its action as a potassium salt. In the insomnia of nervous women and chlorotic persons, bromide of sodium is claimed to be preferable since it acts neither on the muscular system nor on the digestive tube, and consequently does not produce the dulness and fatigue due to potassium bromide. Ammonium bromide is preferable to the other two in insomnia due to partial or general congestion of the brain.

In epilepsy, potassium bromide produces general torpor, loss of memory, difficulty in speech, and in large doses, diarrhoea. Lately, combination of the three bromides has been attempted, for the following reasons: A smaller dose is needed. The drug is more rapidly eliminated. The depressing action of potassium bromide is avoided. In chorea the authors claim the bromides are indicated in the following forms: Chorea allied to rheumatism and in their opinion, due to emboli in the corpus striatum, ammonium bromide is indicated; in chorea of medullary origin, sodium bromide. Potassium bromide is not indicated except when there is a chance of diminishing the muscular

energy. In asthma, sodium bromide is found useful in the majority of cases, and ammonium bromide when cerebral symptoms have supervened on the asthmatic attack. When it is desirable to act on the reflex power and on the muscular system, preference should be given to potassium bromide; when on the reflex centers, sodium bromide; when, while not interfering with the muscular system, it is desirable to act on the nervous centres and lower the pressure of the circulation, ammonium bromide will be found of value. While there is much of value in these researches there is much based on purely a priori opinions. Any therapist might with propriety hesitate before giving any of the bromides to certain cases of insomnia due to chlorosis.

TREATMENT OF SMALL-POX BY ETHER AND OPIUM.—At a meeting of the Paris Academy of Medicine, Du Castel (Medical and Surgical Reporter, October 15, 1881) read a paper on the above subject. In his service in the Hospital St. Antoine he had observed seventy-six grave cases; thirty-six had confluent small-pox and were treated by ether and opium. In almost all cases suppuration did not take place, and desiccation occurred from the sixth to the ninth day. The following observations may be taken as typical: A girl of twenty-two entered the service on the day of the eruption, skin scarlatinaform in color, and covered with small papules placed very near each other. Temperature 40° Centigrade. The next day a hypodermic syringe of ether was injected; fifteen centigrammes of thebaic extract and fifteen drops of solution ferri perchlorid., in one hundred and twenty-five grammes of water, were administered internally. Three days later, a few scattered vesicles were formed; desiccation took place without suppuration, and was complete two days later. The risk of abscess following the ether injection is avoided by inserting the needle deep into the tissues. This treatment appears much more efficacious in vac-

inated persons. The best method of applying the treatment is to inject a hypodermic syringe of ether morning and evening, giving internally fifteen to twenty centigrammes of thebaic extract and fifteen drops of solution ferri perchlorid., much diluted, in the course of the day. The suspicious circumstance is, that the treatment succeeded best with those vaccinated; these are as a rule the most favorable cases, whether the disease be hæmorrhagic or not.

LEAD IN POTASSIUM BROMIDE.—Mascke (Druggist, October, 1881.) claims that commercial bromide of potassium is at times mixed with lead. It is then soluble in a clear liquid only when acid is added; the larger crystals are very transparent and in form are between octohedrons and cubes. Sulphuric acid is of no use in testing, on account of the solubility of plumbic sulphate in potassium bromide. Hydrosulphuric acid or sulphide of ammonia should, therefore, be substituted. Whether certain obscure phenomena occurring during the use of the bromide are not due to this impurity would be worthy an examination, and likely to lead to valuable results.

CARBONIC ACID IN THE AIR.—The amount of carbon dioxide (carbonic acid), in the air has been measured many times. Lately Mürrtz and Aubin (Compt. Rendu, 92, 1229,) have measured the amount of CO_2 in the air at two stations, one in Paris and one in the country far from any factory. In Paris the carbon dioxide content varied from two and eighty-eight one hundredths per cent., by volume to four and one-fifth per cent. The percentage of CO_2 was always found to be greater in cloudy and calm weather, and least in clear, windy days. In the country the percentage is less. By day it varies from two and seven-tenths per cent. to two and ninety-nine one hundredths per cent., and by night the mean is three per cent. In normal country air the percentage of carbon dioxide varies only within narrow limits, as is the case with sea air.

TINCTURE OF CHLORIDE OF IRON.—Dr. Squibb (Druggist, October 1881) says concerning this that: "In regard to tincture of chloride of iron, the last committee of revision of the pharmacopœia made a mistake which is to be corrected in this revision. Tincture of chloride of iron is not fit for use until at least six months old. I never sent out any that was less than six months old, and now make it a year old. An important part of its therapeutic value depends upon ethers that are generated slowly from the large excess of hydrochloric acid and the alcohol, and any one who compares the sensible properties of an old with a recently made tincture, will see how very different they are. The present pharmacopœia in permitting the acid solution of the chloride to be kept and sold separately, so that the pharmacist can make up his tincture as he wants it, made a great mistake." There is but little doubt that this observation is thoroughly well founded as physicians have long been aware, from clinical experience with this preparation of iron.

NITRATE OF ALUMINIUM IN PRURITUS.—Nitrate of aluminium (American Practitioner) dissolved in five to ten parts of water is claimed to act well in pruritus. As it crystallizes with difficulty it is best in the form of a fifty per cent. solution: Ten and one-half parts of dry aluminium hydrate are dissolved by digestion in sixty-five parts of pure nitric acid, specific gravity, 1.180; the solution is diluted with one hundred and ten parts of water, filtered and then kept in glass stoppered bottles. Two parts of this solution are equal to one part of the crystallized salt.

HOMŒOPATHY.—Dr. J. W. Haywood, President of the Liverpool Homœopathic Society, (British Medical Journal of Homœopathy, January, 1881,) says concerning the teachers in homœopathic medical schools that some of them "were men who ignored science, despised physiology, tabooed pathology and natural history of disease."

CODEINE, made by synthesis, has been proven to have all the physiological and chemical properties of the natural article. Codeine has the power of turning a polarized ray of light strongly to the left. This fact has been used to give further evidence of the identity of the two, of the natural and synthetic codeine. Both the artificial and natural codeine turn the ray 130° to 133° to the left. This leaves no further doubt of their real identity.

BORATE OF QUINOIDINE.—De Vry (*Journal de Médecine et de Chirurgie*, June, 1881) announces the preparation of borate of quinoidine and promises soon to give full details of its preparation. It is an amorphous powder soluble in three parts of cold water and the solution has a freely alkaline solution. This great solubility and alkaline reaction give it a great advantage over quinine for hypodermic medication; one hundred parts of borate of quinoidine contain fifty-four parts of quinoidine. The price of borate of quinoidine is less than one-tenth that of quinine, while its dose is only one-half larger.

MORE LITERARY PIRACY.—It is to be expected when a writer, of pretended standard works, has not hesitated on a previous occasion to make a wholesale appropriation, without assigning credit, of a translation made by a colleague, and against whose resentment he was secure, inasmuch as the latter was in his grave, that wherever the occasion offered, similar practical encroachments would be repeated. Our reviewer of Ranney's *Applied Anatomy of the Nervous System*, may, by some, be censured for the severity of his review; he informs us now that he merits censure for not having been severe enough. The latest product of Dr. Ranney's pen (?) bears evidence of the same kind of ingenuity displayed in the appropriation of Dr. Pattison's translation of Massé's *Atlas*. While in the latter instance he took his whole work from another, in the "*Applied Anatomy*" he has "con-

veyed, as the wise call it," much by instalments. On page 311, for example, he has copied nearly two pages of Dr. L. C. Gray's article, and, on the preceding page, the greater part of two other pages, without acknowledgement of the authorship of the passage. Probably Dr. Ranney believed that this conveyance would escape notice, by its being placed in a foot-note, and the further ingenious stratagem of assigning credit to Dr. Gray in the text in such a way as to leave the impression on the uninitiated that Dr. Gray was entitled to credit only for the one particular to whose statement in this work the asterisk is appended. The degree of cerebral activity manifested in such clumsy literary thefts, is on a par with that exhibited by the ostrich. According to apocryphal authority, when this animal pursued by the hunter, hides its head in the sand, and imagines itself as invisible to the hunter as the hunter appears to be to it.

CITRINE OINTMENT WITH VASELINE.—Squire (*Pharmaceutical Journal*) claims that he has made citrine ointment with vaseline for several years without failure. The mercury and acid are put into a wide-mouthed bottle, and while the reaction is going on, the vaseline is heated in a water bath to a temperature of 180° F. If the mercury be not completely dissolved, the flask is placed in the water bath till solution is complete, and then poured into the vaseline and stirred until cold. One part of the ointment with three of the vaseline, is well thought of by the London ophthalmologists.

HONESTY.—A gentleman called to consult a physician in regard to a serious form of rheumatism. The latter wrote him a prescription. As the patient was going away, the doctor called him back: "By the way, sir, should my prescription afford you any relief, please let me know, as I am myself suffering from an affection similar to yours, and for twenty years have tried in vain to secure any relief."

THYMOTATE OF SODA.—Dr. Tanret (Bulletin General de Thérapeutique, July 30, 1881,) finds that this salt is a very unstable one. On solution it separates almost immediately into thymic acid and soda. Dr. Tanret believes that, in this salt, the acid and the base are more frequently associated rather than combined. In the discussion following the communication of this fact to the French Therapeutical Society, Byasson said that he was not astonished at the results obtained by Tanret. Thymic acid was not an acid as would be implied by its name. It is an alcohol, and consequently cannot form true salts. Dr. Tanret said in response to this, that while Dr. Byasson's remark was just, thymol was an acid alcohol like carbolic acid, and consequently capable of combining with bases. Dr. Byasson claimed that thymol like carbolic acid does not form true salts. Dr. C. Paul regretted that the disagreeable taste of thymol prevented its internal administration, and with the idea of obviating this difficulty he had suggested the idea of combining thymol with soda. Its therapeutic action is similar to salicylic acid.

DIACHYLON OINTMENT.—Dr. Duhring (Philadelphia Medical Times, May 7, 1881,) gives the following formula for a new diachylon ointment: One part freshly precipitated (from acetate of lead) pure, white hydro-oxide of lead is rubbed with two parts of water and mixed well with six parts of the best Lucca olive oil. It should be stirred about two hours over a hot water bath, near the boiling point, and cooled with constant stirring till the proper consistency is obtained.

SYRUP OF FERROUS IODIDE.—Carles (Bulletin Société Pharmaceuticale du Sud-Ouest) claims that the addition of a small percentage of hydrated sulphuret of iron, to Dupasquier's solution of ferrous iodide, preserves the latter for an indefinite time. A solution colored by oxidation becomes colorless after a short agitation with ferrous

sulphuret. The syrup, according to the same authority, is best preserved by the addition of twenty grains of citric acid to the pound and a quarter of syrup. On account of the instability of these preparations something of this kind has long been a desideratum. And an addition of the character mentioned, to a prescription of ferrous iodide will often prevent alarm on the part of the patient on seeing his medicine change its color.

PYROGALLIC ACID AND CHANCROID.—Lermoyer and Hitier (Bulletin Générale de Thérapeutique) claim that, following up the treatment of chancroid suggested by Vidal, they have obtained results of value by the use of pyrogallic acid. The formula used by them is $\mathcal{R}$ Pulv. Amyli, $\zeta ijss$, vaselini, ζj , acidi pyrogallici, $\zeta ijss$; Mix. This pasty mixture can be very thoroughly applied to the affected parts without liquefaction. The ointment should be freshly made and kept in well stoppered bottles, as it absorbs oxygen from the air, becoming brown. One application daily is all that is usually required. Chancroid of the anus may require two. There is nothing injurious in this treatment.

ESERINE IN ATROPINE POISONING.—Dr. A. Seargent (Louisville Medical News) claims to have secured very good results from eserine in atropine poisoning. The case is well detailed, and the relations to recovery of the eserine appear clear and convincing. The amount of atropine taken was half a grain together with three-quarters of a grain of morphia. Morphia and the usual routine treatment failed to have any effect, but on one-sixteenth of a grain of eserine being given hypodermically, the patient rallied very markedly, but fell back in an hour into much the same condition as before the administration of the eserine. One twenty-fourth of a grain of eserine being given hypodermically, the patient rallied and fully recovered. This result would warrant further trial.

PARSLEY AS AN ANTIGALACTIC.—Dr. Martin (Medical and Surgical Reporter, October 22, 1881,) claims that if the breasts of a nursing woman be covered with parsley leaves freshly pulled, the application being renewed several times a day when the leaves fade, milk will soon cease to appear. There would seem to be strong evidence of the influence of the imagination in the effect produced by this procedure. Its trial, however, cannot be attended by ill results in any case.

ATROPINE IN VASELINE.—Dr. Klein (Druggist, October, 1881), recommends the use of the following ointment in place of the ordinary solutions of atropine: Sulphate of atropia, three-quarters of a grain; vaseline, one hundred and sixty grains; if the atropine be thoroughly triturated with the vaseline, a solvent is unnecessary. The ointment is much easier applied than the solution can be. The lower eyelid should be pulled down and the vaseline applied with a camel's hair pencil, to its inner surface. It must be obvious, however, that there are many cases where this ointment will be decidedly contraindicated.

EPILEPSY FROM MENORRHAGIA.—Dr. William A. Hammond (Medical Gazette, October 1, 1881,) claims that epilepsy is rarely caused by menorrhagia, and when epilepsy is associated with menstrual disturbance it has a suppression of the function or a diminished flow as its cause. Not infrequently epilepsy which has existed from early childhood ceases when the menses make their appearance. The following case recently came under his observation, its cause being the point of special interest. Miss S., eighteen years old, was of good health till the occurrence of her catamenia, during her fifteenth year. While the discharge was at its height, and apparently proceeding with entire regularity, she was suddenly seized on awaking with a severe epileptic paroxysm, during which she foamed at the mouth, was much convulsed,

and bit her tongue badly. From this time on, with each successive menstrual period, she had an epileptic convulsion, and, as her menses were perfectly regular, she had about thirty seizures before coming under observation. Upon careful examination the Doctor could discover no ovarian tenderness, and was about to send her to a gynecologist for further examination when, in answer to his question, she informed the Doctor that the discharge was very profuse. Upon this he advised that for a week before the next menstrual period she should take a teaspoonful of the fluid extract of ergot three times a day, and during the whole time of the flow. In a couple of weeks she reported that she had faithfully followed his prescription, and had passed through the whole of the last period without an epileptic seizure, and that the menstrual discharge had been greatly diminished. She has continued to pursue this treatment up to the present time. Though a year has elapsed, she has had no return of the epilepsy. The Doctor thinks that the convulsions were due to cerebral anæmia, consequent on the menorrhagia, and that the ergot, by diminishing the flow, relieved this. It should, however, be recalled that ergot frequently has an effect on epilepsy entirely unconnected with menstruation, and that its action is due to its producing slight temporary discharges which take the place of the greater epileptic discharge. However, Dr. Hammond's explanation of the present case is the most plausible one.

TOXIC EFFECTS OF GLYCERINE.—Dr. R. W. Amidon (Archives of Medicine) claims that glycerine produces certain toxic effects not hitherto charged to it. It diminishes reflex irritability in the frog through excitation of Setschenow's center in the medulla oblongata. While Dr. Amidon's experiments are not perfectly conclusive, they are sufficiently so to add probability to his claim that glycerine should not be used as a solvent or diluent of other drugs used in physiological experiments.

DR. J. C. AUSTIN, a prominent physician of Albany, New York, died October 23.

DR. Riband, Professor of Anatomy in Victoria College, Montreal, died October 19, 1881.

DR. P. H. LIGHTFOOT, a leading physician of Petersburg, Virginia, died September 20, 1881.

THE American Journal of Obstetrics will, after January, 1882, issue a monthly supplement.

MRS. J. M. Fiske left a bequest of \$40,000, to establish a hospital for the use of the students of Cornell University.

DR. John Bowen Brinton, a leading physician of West Chester, Pennsylvania, died October 13, 1881, aged seventy-seven years.

AN outbreak of vaccinal syphilis is reported from Algiers. Fifty-eight recruits are said to have acquired the disease in this manner.

DR. Mary E. Allen has been appointed resident physician of Vassar College and Professor of Physiology and Hygiene in that institution.

MEDICAL FEES.—Dr. Samuel W. Francis advice concerning these (Medical Record, October 22, 1881,) is "Temper the wind to the shorn lamb," but first shear the lamb.

DR. James Luke, twice President of the Royal College of Surgeons, England, died recently. He was a student under Abernethy and Astley Cooper, and was eighty-two years old.

HOLMES' SURGERY.—Mr. T. Holmes says that he is very much surprised at hearing that a new edition of his surgery is to be brought out in the United States, not having been consulted at all on the subject.

PATENT MEDICINES IN FRANCE.—A bill is to be laid before the French Chamber of Deputies, which has been drafted by the Council of State, which provides that in future no druggist shall combine with his profession that of a physician, or shall sell or advertise any patent medicine.

NITRITE OF AMYL is claimed (British Medical Journal, October 1, 1881,) to act excellently in chordee and painful erections. Three to five drops by inhalation is the dose.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will meet at Savannah, Georgia, November 29 to December 2. The association is doing a good work, and its meeting is likely to prove of interest.

COPAIBA AND NURSING WOMEN.—Dr. Dolan (Practitioner, August,) finds that copaiba administered to nursing women produced the effects of the drug on the nursing. He has found by experiment that the drug exists in the milk.

ANATOMICAL STUDIES.—The Boston Globe gives the following answer to a querist: "The object of having that man in the almanac with his abdominal flaps thrown back, exposing his viscera, is to give Dr. Bliss a chance to study anatomy.

DR. THEOPHILUS PARVIN is to be appointed to the chair of Obstetrics and Medical and Surgical Diseases of Women in the Louisville University, made vacant by the death of Dr. Crowe. The selection is one of the best that could be made.

ABSORPTION OF IRON BY THE SKIN.—Some observations (Druggist, October, 1881,) communicated by M. Champouillon to the Academy of Sciences, Paris, prove that iron and manganese are, in certain cases, absorbed after prolonged bathing in certain mineral waters.

DR. BLISS AND DR. BAXTER.—The Medical and Surgical Reporter says concerning Dr. Bliss: That he excuses his conduct toward Dr. Baxter by the plea that the President asked him (Bliss) to take charge of the case; or, more accurately, that he asked the President whether he should do so, and the President signified assent. If this plan of obtaining patients is to be approved and adopted, let it be generally known. It is an exceedingly easy plan.

THE MINNESOTA College Hospital was inaugurated October 31, 1881. The Hospital Department has two hundred rooms, and will accommodate six hundred patients. The College Department will be a high grade college, requiring a preliminary examination. The amount of stock to be raised is one hundred thousand dollars, of which seventy-two thousand dollars have been already subscribed.

LOCAL.

THE CHICAGO PATHOLOGICAL SOCIETY

Met Monday evening, October 24, at eight o'clock, at 533 West Adams Street. Dr. Jennie E. Hayner read a review of *Hysteria* by S. Weir Mitchell, and there was also read a letter from Dr. W. T. Belfield, on *Chyluria*, which was well illustrated with microphotographs, together with the usual reports of cases and discussion.

CHICAGO MEDICAL SOCIETY.

At the October 17 meeting of this Society, Dr. E. L. Holmes after a few remarks on vaccination, reported a case of premature labor induced for the relief of blindness, occurring in the sixth month of pregnancy. Six years after, on examination of the patient, Dr. Holmes found that vision was perfect. He also reported a case of eye-lash in the anterior chamber with resulting cataract. On the removal of the eye-lash, and after an operation for cataract, excellent vision was obtained. The discussion was participated in by Drs. Hotz, Ingals, Tilley, Clarke and Gaston. Drs. Mahlon Hutchinson and W. P. Verity were elected members of the Society, after which the Society adjourned. At the November 7 meeting of the Society Dr. Chr. Fenger will read a paper on "Total Extirpation of the Uterus through the Vagina," and Dr. Mary H. Thompson will also present a paper on the predisposing causes of the opium and alcohol habits.

MICHAEL REESE HOSPITAL.

This new hospital was formally dedicated

on October 23. Mr. Jacob Newman, Secretary of the United Hebrew Relief Association, welcomed the visitors in a brief address. Mr. Cochrane, the architect, then delivered over the keys of the building to President Greensfelder. Mr. Newman gave a brief history of the work of the United Hebrew Relief Association, and of the endowments, aims and capabilities of the hospital, stating that within its walls no distinction of race or creed would be recognized. Addresses were also made by Mr. L. Morgenthau, Rev. Dr. E. G. Hirsch, Mayor Harrison, Rev. Drs. Felsenthal, Adler, Norden, Bonheim and Grossman. The superintendent of the hospital is Mr. Charles Ehrhardt, who has had extensive experience in hospital management.

ORIGINAL CONTRIBUTIONS.

PATHOGENY OF ALBUMINURIA.

BY WOLRAD WINTERBERG, M. D., NEW YORK.

The question of the mechanism of serum albumen transudation into the urine, is one equally important to the pathologist and practitioner. Much has been said respecting its etiology, and numerous theories have been advanced without rendering much clearer the pathogenic conditions of this affection. These numerous conflicting views and theories have tended rather to confuse than to elucidate. The clinical observations of Frerichs, Bright, Abëille and the experiments of Bernard, Schiff and Overbeck have certainly furnished abundant material on which to base inferences, but no satisfactory and convincing interpretation of the facts furnished by them has as yet been given. On one point, and that a most important one, both facts and explanation are wanting. It is generally accepted that the secretion of urine is the result of a process of filtration through the walls of the convoluted blood vessels of Malpighian bodies enclosed in the capsule of Müller.

The law governing the filtration of albuminous fluids was first studied by Runeberg who, after careful experiments in the pathological laboratory of Hofman at Leipzig, came to the following conclusions: First: Albuminous solutions are more or less per-

fect emulsions which pass through animal membranes, with greater or lesser readiness, according to the character of the contained albumen. Second: The permeability of animal membranes to albumen and other emulsions is in inverse ratio to the pressure exerted; viz., it is increased by low, and diminished by high pressure. Third: The changes in permeability of these membranes occasioned by variations in pressure gradually develop until a point in proportion is reached, where no further increase in permeability occurs. Fourth: If a membrane have on each side a fluid at a different level, the same phenomena are produced from this variety of bilateral pressure as would result from unilateral pressure. To convince myself of this seemingly paradoxical conclusion, I may say that I have frequently repeated the experiment, and always with confirmatory results. If, therefore, this be true, it is obvious that the old theory, that the production of albuminuria was due to high arterial pressure must be abandoned.

As a necessary preliminary to what I shortly expect to discuss, I would here recall a few of the more important points in the physiology of the urinary secretion. Heidenhain and others have shown that the glomeruli Malpighii are, in the embryo, and children, covered by a continuous layer of cells which, they claim forms in later life a structureless membrane not perfectly continuous. On examination, microscopically at a high power, by immersion, fresh kidneys in water, or Muller's solution, I have found that these glomeruli are covered by a continuous layer of large nucleated cells. In its ordinary position, this layer of cells has the appearance of forming a homogenous, apparently structureless membrane, but on separating the corpuscles and using slight pressure by the covering plate the cells are separated from each other and from the vessels and present irregular prominent edges. The observations contradictory of this of various authors are easily explained by the fact that they have used hardened kidneys in which such separation would be impossible. In any explanation of the renal functions, this circumstance must be remembered, as it is of the first importance.

That the process of filtration is carried on in the Malpighian bodies there can be no doubt, but the existence of albumen in the product of filtration has been disputed. Ludwig and others claim that it is

not present while Kuess and his adherents very positively affirm that it is; though the presence of albumen in all normal and pathological transudations within the organism is an argument in favor of the latter view. Still it must be recollected that even if the capillary walls permit of albumen transudation the epithelial membranes under normal conditions do not. This can easily be demonstrated in the lachrymal and sudariparous glands. Experiments with membranes of different densities demonstrate this fact very conclusively, whence it may be concluded that albumen is retained in the blood current and not transuded to be subsequently used for the nutrition of the epithelium of the tubules as was believed by Kuess, more especially as the quantity of dry albumen excreted on an average in twenty-four hours amounts to between three and four hundred grammes, an amount that could not possibly be consumed for the purposes of nutrition before mentioned.

As the secreted fluid passes through tubules it becomes more concentrated since the quantity of solids in the urine is greater in proportion than in the blood serum. Bearmis* gives the following table of the solid ingredients of the blood as compared with the urine. In one thousand parts of urine there are of urea, 23.30; of sodium chloride, 11.00; of phosphoric acid, 2.30; of sulphuric acid, 1.30; earthy phosphates, 0.80; while in the same quantity of blood there are of urea, 0.15; of sodium chloride, 5.546; of phosphoric acid, 0.192; of sulphuric acid, 0.129; of earthy phosphates, 0.516. Were this concentration of urine due to the epithelial cells of the renal tubules, then these must secrete not only urea but also all the soluble salts introduced into the system and afterward found in the urine to a greater extent than in blood serum. The different ratio between the solid and watery constituents of the urine on the one hand and the blood serum on the other, might be invoked as an argument against the urine being produced by mere concentration, were it not proved by the researches of Runeberg, Schmidt and Hoppe that filtration alone is sufficient to render a solution more concentrated and further, that some salts pass through the filtering medium with greater rapidity than others. I have verified these results by experiments of my own. The acidity

*Nouveaux Elements de la Physiologie Humaine, Page 476.

of the urine as compared with the alkalinity of the blood is explicable in the same manner since, as I have found by experiment, alkaline fluids pass through a membrane much more slowly than acid. The minute structure of the kidney being unknown to the older pathologists, it is not surprising that their attempts to explain albuminuria were generally futile. Frerichs "*Die Brightsche Nierenkrankheit und deren Behandlung*" gives for the first relatively clear attempts at explanation; his view is still held by many. He claims that considerable transudation of the blood serum must take place in the Malpighian bodies where are to be found the most favorable condition for such a process; high arterial pressure and tenuity of the vascular walls. He claims that the lesser degree of diffusibility of the albumen is the cause of its being retained in the blood under normal conditions. He says, in regard to the changes in the normal secretory functions of the kidneys, which cause albuminuria, that, "Changes, in the hydrostatic pressure, elasticity, the diameter of the pores of the vessels, exercise a well determined influence here as elsewhere over the process of transudation. The first result of these conditions is an increased secretion, then transudation of substances which cannot pass through under normal conditions; first albumen, then fibrine, and finally, it not unfrequently happens that the walls of the capillaries are torn and blood itself passes out. The circulatory disturbances and the alterations of the transudations dependent thereon, obtain chiefly in that part of the renal capillary system, which under normal conditions is subject to higher blood pressure, namely, the coils of the Malpighian bodies. It is there that first of all a degree of pressure is reached which is necessary for the transudation of the albumen and fibrine of the blood plasma." It has been shown in numerous instances that any obstruction to the renal venous return circulation would produce an albuminuria.

Consequently the theory was generally accepted that the transudation of albumen was due to the increased pressure in the secreting vessels. The fact that in such obstructive hyperæmia the amount of urine secreted is diminished, can lead to but one conclusion, that venous hyperæmia is not identical with increased pressure in the vessels. Were it not so, the same phenomena would be observed in this case, which obtain after the use of any remedy causing

arterial pressure; an increased amount of urine and diminished albuminuria. Moreover, Munk and Stockois have shown that immediately after the ligature of the renal artery, albuminuria makes its appearance. Stockois, a strong adherent of the high pressure theory, admits that in such a case rise of pressure is altogether out of the question, and modifies his views in the following non-committal manner: "Any change in the circulation which interferes with the arterial supply in the kidney or with the venous return current, determines the passage of albumen into the urine." Compression of the abdominal aorta above the branching off of the renal artery has the same effect as ligation of that artery. Compression of the renal artery itself or diminution of the calibre of either of these two vessels, although no one will venture to claim this as the result of pressure, has the same effect. A similar phenomenon is observed in Asiatic cholera. In this disease a copious transudation of serum takes place into the intestinal canal, and the blood is deprived of so much of its water that it becomes fairly thickened and diminished in volume. Arterial pressure is lowered so far as to give rise to almost entire suppression of urine, and consequently albuminuria. The only instance where high pressure produces albuminuria, is when the vessels actually rupture, and the blood mixes with the urine. In view of these facts, it is somewhat astonishing that the high pressure dogma should have been so long predominant.

Becquerel, Vernois and Lecorche advanced the theory that albumen was always dependent on anatomical changes in the kidney. The two former use the following expression: "In every instance in which there is no Bright's disease, properly so-called, and in which the albumen cannot be traced back to the admixture of blood in the urine, albuminuria, no matter under what conditions it may make its appearance, or what diseases may be complicated by it is always due to a granular infiltration of the secreting cells, of a certain number of tubules to the destruction of these cells, and the transudation of the blood serum through the non-organized walls of the tubules." Lecorche expresses a similar opinion. Albuminuria is, in his opinion, only a symptom of a lesion of the canaliculi epithelium, and consequently dependent on some form of Bright's disease. This latter opinion will scarcely bear close examination, for

it is well known both that albuminuria may occur without any lesion of the kidney and, that many people in good health may have albumen in the urine without other symptoms of renal disease. This latter fact has attracted the attention of the medical officers of American life insurance companies. Bartels cites a case in which a patient had albuminuria while moving about, which condition disappeared on assuming the recumbent position. This latter view is therefore no more tenable than that first mentioned. A third view, held by Canstatt, Graves, Jaccoud and others, is to be found in an altered hæmic condition. In consequence of this alteration the filtration is more easily affected than in the normal condition. While there is nothing against this theory, there are no facts in its favor. It is a pure hypothesis. It is true Owen Rees claimed that an increase in the water of the blood facilitates the transudation of albumen, and urges the force of this claim, that in Bright's disease the blood is abnormally watered. While this is so, it is patent that Rees has mistaken a secondary for a primary condition. If the veins of an animal be injected with water, albuminuria results, due only to the dissolution of the blood corpuscles and production of hæmoglobin, a substance which transudes with much greater facility than serum albumen, as I have found by experiment. Berzelius reports a similar observation respecting the hypodermic injection of egg albumen or its ingestion in large quantities, both of which procedures result in albuminuria from the facility with which this variety of albumen transudes. The advocates of this theory rely on general statements rather than detailed facts. Semmola, for example, says that albuminuria has for its cause a general vice of nutrition in consequence of which, albumen becoming a foreign body is eliminated by the kidneys. Jaccoud's explanation is similar. He recognized as a cause of albuminuria, deviation from the normal type of nutrition changes. These consist in a disturbance of assimilation and disassimilation of albuminoid matters. Gubler claims that to the large proportion of albumen relative to the blood globules and the large consumption of said material albuminuria is due. It will be obvious that facts to support this theory are wanting, and at the same time it would appear from many a prior reasons to be erroneous.

The most plausible theory is that which refers albuminuria to a decrease of pressure

in the Malpighian tufts. This theory is not only in accord with the physical phenomena before referred to, but is also in accord with all clinical observations respecting albuminuria. A brief examination of those conditions in which albuminuria occurs without apparent lesion of the secreting tubules or their epithelium, will show this to be the case. One of these is Asiatic cholera. In this disease, as before mentioned, the watery ingredients of the blood instead of being secreted by the kidneys, pass into the intestinal canal, and the next symptom produced is albuminuria. This is apt to be overlooked by reason of the scanty urine, and it being voided with the intestinal evacuations. It is present and evidently due to the diminished pressure that produces at times suppression of urine, for it is most marked in the algid state of the disease long before reaction has taken place. An attempt to refer albuminuria in this case to blood poisoning can only be regarded as futile, inasmuch as the same condition is met with very often in diarrhoea of a non-infectious nature. Albuminuria may be dependent on a disturbed renal circulation, for instance, with the venous return from changes in the lung tissue, or regurgitation at the tricuspid valve, or compression of the renal veins, or of the inferior vena cava, or a diminution of the arterial supply from weakened cardiac action, or to any arterial obstruction. In all these affections there is a diminution of arterial pressure, and albumen in the urine. It may seem paradoxical that obstruction to the venous return should be followed by a diminution of pressure, but if the fact be taken into consideration that the venous system has three or four times the volume of the arterial system, and that it allows of an enormous amount of distention, it cannot be denied that such obstruction diminishes pressure by not allowing a sufficient amount of blood to be returned to the heart, which in its turn cannot send a normal supply to the arteries. Clinical observations strongly support this theory. The weaker the heart's action, the more extensive the obstruction, the smaller the quantity of urine secreted, and of course the greater the proportion of albumen. As soon as digitalis or a similar physiological agent is administered, the blood pressure rises, the urine increases, and the albumen diminishes.

There is another form of albuminuria of frequent occurrence, and generally consequent on some febrile disease which would

be very naturally ascribed to some altered condition of the blood; an explanation which is very vague. A better explanation is found in the fact that long continued elevation of temperature causes diminished cardiac action. Liebermeister* says, "any long continued increase of temperature is followed by a progressive diminution of the power of the heart which is indicated by an exceptionally great frequency conjoined with disproportionate weakness of the cardiac contractions. This cardiac weakness is, moreover, accompanied by a semi-paralysis of the arterioles and capillaries, a condition which must result in a diminution of the blood pressure; the depression of the nervous centers, which obtains under such conditions, produces an excessive diminution of the arterial blood pressure and of the rapidity of the circulation." The same reasoning is applicable to those cases of albuminuria which occur transitorily during epilepsy and tetanus. The albuminuria produced by lead poisoning is evidently due to the contraction of the muscular fibres of the arterioles, since a rigid contraction of all the unstriated muscular fibres of the organism, is one of the characteristic effects of this poison. Iodine poisoning produces similar effects, while in sulphuric acid poisoning the presence of general collapse with its attendant phenomena explains the occurrence of albuminuria. Irritants like cantharides, turpentine, etc., are somewhat different in their *modus operandi*. These agents being eliminated, produce a violent irritation of the glomeruli Malpighii and in this way increase the permeability of their walls to the serum albumen. The result thus obtained is the same as if the pressure were diminished, though reached in a different manner.

The most conclusive proof that diminished pressure produces albuminuria is derived from experiments on the lower animals. If the arterial supply from the kidneys be shut off temporarily, and then allowed to resume its natural course, the urine becomes albuminous for a short period. This experiment has been frequently repeated with the same result, whether the renal artery were tied or the aorta only temporarily compressed. While if the aorta were tied below the branching of the renal artery, no albumen could be detected in the urine, as this operation was followed by

increased pressure in the Malpighian tufts. The albuminuria arising from Bright's disease is evidently due to pathological changes in the Malpighian tufts. In amyloid kidney, there is an increased blood pressure, great secretion of urine, yet there is albuminuria. If a kidney thus diseased be examined microscopically, there is found considerable change in its vascular walls, and epithelial lining, and here it is obvious that the conditions governing albuminuria under ordinary circumstances are no longer applicable, since the membranes have lost their normal structure and function.

It remains to draw a final conclusion from what has already been said respecting the pathogeny of albuminuria. As has already been shown, the transudation of serum albumen takes place through the walls of the convoluted vessels of the Malpighian bodies. The permeability of the membranes which form those walls is dependent upon arterial pressure in the vessels or upon the degree of difference between the pressure in the vessels and that in the uriniferous tubules; the condition of the kidneys remaining the same. Egg albumen and hæmoglobin penetrate the membrane in question more readily than serum albumen, while in some forms of chronic renal disease, pathological changes brought about by the irritation are the agents which make the membranes easily permeable to the albumen of the blood independently of the arterial pressure.

NEPHRECTOMY. — According to Dr. Barker (Medical Record, October 22, 1881) the number of cases of nephrectomy, thus far recorded, is fifty-four, of which twenty-six recovered and twenty-eight died. In eleven of these latter cases an erroneous diagnosis was made.

SUPPLEMENTARY BLADDER.—Dr. L. R. Dibble (Medical Record, October 22, 1881) reports the case of a man of seventy years, who had phymosis for twelve years, the prepuce becoming pouched in consequence of this, and the pouch thus formed measuring nine inches in diameter. The patient passed his urine into this pouch, and, so to speak, milked it out. Circumcision removed the pouch and relieved the patient.

*Handbuch der Pathologie und Therapie der Fieber.

CORRESPONDENCE.

NEW YORK LETTER—NEW YORK ACADEMY OF MEDICINE—NEW MEDICAL JOURNAL.

NEW YORK, October 31, 1881.

The societies continue to attract the principal attention of the medical men of this city. Perhaps the meeting of greatest interest since my last letter has been that of the

ACADEMY OF MEDICINE.

At the October sixth meeting of this society, Dr. J. Marion-Sims read a paper on the recent progress of peritoneal surgery of which the conclusions may be summed up as follows: Wounds of the peritoneum, however produced, have to run a common course. They have common termination in death by septicæmia. This is the general law in deaths from ovariectomy, and after gun-shot and other wounds of the abdomen. This septicæmia is the result of the absorption of bloody serum, remaining in the peritoneal cavity after wounds or operations. In gunshot wounds of the pelvic cavity, the tendency is to recovery on account of the natural drainage in this situation. Gunshot wounds of the abdominal cavity prove fatal from septicæmia, because there is no natural drainage, and the bloody serum poured out becomes absorbed. In order to prevent this it is necessary to open the abdomen, clear out the peritoneal cavity, tie the bleeding vessels, suture the intestines or other tissue requiring it, and possibly insert drainage tubes. If the operation be successfully performed, it is rarely necessary to use a drainage tube. Dr. Sayre fully endorsed Dr. Sims' opinion, and claimed, that pelvic wounds were recovered from because they were through and through. Had the wound of the late President been a through and through wound, the case would have had a different history. In the treatment of abdominal wounds two points demanded particular attention: First: Accuracy of diagnosis, and Second: Proper procedures for securing drainage and preventing septicæmia. Dr. McKee, of the United States Army, cited two cases of abdominal injuries, the result of whose treatment supported Dr. Sims' views. Dr. Mussey, of Cincinnati, cited a case, where a woman was gored twice by a bull, a gash five or six inches wide being made by the horns; the

intestines protruding. The patient made a good recovery. Dr. Jas. R. Wood considered it a very dangerous procedure to open the abdomen in general surgery. He was very much afraid of shock. He stated that, if a surgeon attempted to sew up a lacerated stomach, he would get into trouble, as such patients usually died of shock. His attitude on the entire subject was exceedingly conservative, in fact, might be said, to be more than conservative in its devotion to old time ideas regarding shock. The next meeting of the society was almost equally interesting, the topic being

PRIORITY IN THE DISCOVERY OF ANTISEPTICISM.

The feature of the meeting of the Academy of Medicine, held October 20, Dr. Fordyce Barker presiding, was somewhat of a reply to Dr. Sims, by Dr. Déclat, of Paris, France, in regard to the discovery and use of antisepticism in surgery. Lister is generally regarded as the originator of this important method, but Dr. Déclat, a distinguished member of the French medical profession and the author of standard works, affirms that records on file, and in print prove that he is the discoverer of the antiseptic system. At the October 6 meeting, Dr. J. Marion-Sims has given credit for the discovery to Lister, and at this meeting Dr. Déclat, who has recently come to this country from Paris, presented his proof in substance as follows: "My first publication in 1865, which I sent to Sir James Simpson, of Edinburgh, was the starting point of the first application of carbolic acid by Mr. Lister in that city in 1867, two years later, and six years after my public application of the remedy at the Hôpital St. Jean de Dieu, in the presence of and with the co-operation of Dr. Gras, and Dr. Maisonneuve, who took it upon himself to communicate it to Dr. Simpson, who accused Lister of plagiarism in claiming that discovery himself. Dr. Sanson, the authorized translator of Lister's works, admits my claim. Pasteur's celebrated work on beer fermentation says (page 44): 'Dr. Déclat has created a new system of medicine founded on the employment of one of the best known antiseptics (carbolic acid), namely, that transmissible diseases are each the product of a special ferment, and that medical and surgical therapeutics must try and prevent the penetration of ferments coming from without into the

liquids of the economy, or, if they have penetrated, to find antiferments to destroy them without diminishing the vitality of the histological elements.' Professor Sédillot, in the *Bulletin Officiel des Comptes Rendus de l'Académie des Sciences de Paris*, March 11, 1878, saw fit, in full academy, to establish the priority of my claim. I have said that the Lister method is imperfect in two ways: First, because in most wounds and operations we should put aside the carbolic spray, with its many inconveniences, and replace it by a direct cauterization of the tissues, operated upon by means of a solution of about equal parts of carbolic acid and alcohol, followed by carbolic dressings. The Lister method is incomplete, because it does not realize the second part of the antiseptic therapeutics, as it only partially prevents the penetration of ferments from the exterior. Mr. Lister has not done anything to destroy them, once they have penetrated into the liquids of the economy, and there is septicæmia or pyæmia, but this addition to the antiseptic treatment is the more important since it applies both to medicine and surgery. It consists in introducing with impunity into poisoned liquids, tissues or organs, antiferments in good doses and chemically pure, carbolic acid, carbolate of ammonia, sulphide of phenol, iodide of phenol and salicylic acid, by means of enemata, and, above all, hypodermic injections, in large doses. The greater part of the accidents that have happened in surgery can be traced to the presence of volatile bodies, rosolic acid, crésylic acid, and rosoline, which are present, even when the carbolic acid is in crystals. In the hands of the followers of Lister, a patient stricken with septicæmia is rarely curable; while the patient has many chances of recovery by the internal antiseptic treatment."

It is scarcely to be expected that these somewhat radical views will meet with general acceptance but that the internal use of antiseptic remedies will have a future place in medicine, there is but little doubt.

NEW MEDICAL JOURNAL.

The embryo medical journal, which has been so often announced, is beginning to assume something like shape. This new departure, entitled "The Medical Progress," a weekly medical journal, to be published in New York, is about to make its appearance. A number of invitations to members of the medical pro-

fession have been sent out, inviting these to become stockholders in the new undertaking. Of course, the Medical Record is the journal that this procedure is intended to hurt, but there would seem to be elements of disorganization present in the new stock company. While some estimable members of the profession have stock in the concern, there are other stockholders, who are decidedly little great men, and will secede from anything they cannot entirely control.

This out coming journal will, in the opinion of many members of the medical profession of this city, be only an organ of the New York graduating mills; the Medical Record, though extremely obsequious and time serving, having found it advantageous, commercially, to be somewhat independent and therefore failing to serve the purpose of our numerous educational cliques. If this be the case the estimable members of the profession, already alluded to, who have become stockholders, are very much to be commiserated.

The Health Officer of the Port has recently been investigated, and from the testimony, taken by the legislative committee, it would appear that he is able to pay all expenses of his office, including a political assessment of eight thousand dollars, and still have a net annual income of thirty-five thousand dollars. Up to a short time, prior to the present investigation, no account of the receipts or expenditures was kept by the Health Officer.

A paper on reflex irritation to be read at the next meeting of the Neurological Society is likely to create considerable discussion, and of this meeting, which promises to be a very lively one, I shall furnish a full account in my next. J.

REVIEWS.

PROCEEDINGS OF THE CONNECTICUT MEDICAL SOCIETY, Nineteenth Annual Convention, held at Hartford, Connecticut, May 25 and 26, 1881. C. W. Chamberlain, M. D., Secretary.

This is the usual annual volume of State Society Proceedings. Many of its papers are especially interesting. The report on "Expert Medical Testimony" is very impartial, clear and concise, and proposes to deal with the evils of this subject rather by training the profession than by establishing boards of experts, a procedure that as the report truly says, would scarcely prove acceptable in any of the English speaking

countries. The report of the Committee on the Sale of Medicines and Poisons contains the usual recommendations on this subject. The report of the Committee on Vital Statistics has one virtue, that of brevity. The report of the Committee on Lunacy Commissions is divided into two portions, one opposing the other, both being full of platitudes. The most time serving and inconsistent is that by Drs. Shew and Stearns. The report on "Matters of Professional Interest" is chiefly noticeable for a rather absurd denunciation of the gynecological specialty. The paper on the Early Recognition of Epilepsy by Dr. Seguin, of New York, is familiar to the readers of the Review. The essays on Non Pharmacological Therapeutics by Dr. H. Fluschnier, of New Haven, and on "The Influence of Sudden Alterations of Temperature and Humidity upon the Respiratory System," by Dr. C. B. Neuton, of Stafford Springs, are well written and of value. Dr. Mann discusses in a very pleasant style the subject of laceration of the cervix uteri. The essay on "Milk, its Nature, its Contamination and as a Vehicle of Contagion," by Dr. M. M. Johnson, Hartford, is a very philosophical and full discussion of this somewhat trite subject. Dr. W. C. Burke, South Norwalk, goes carefully over the subject of laceration of the female perineum without adding anything specially new. Dr. Noah Cressy, of Hartford, discusses the "Transmission of Bovine Tuberculosis from Infected Milk." The volume concludes by the usual obituaries, etc. It is well printed and on good paper. While as a whole this cannot be said to be an ideal volume of State Society transactions, still it will compare favorably with the majority of specimens of this class of periodical literature.

OFFICIAL REGISTER OF PHYSICIANS AND MIDWIVES, to whom Certificates have been issued by the Illinois State Board of Health, and of Physicians and Midwives, who have registered in the County Clerks' Offices, under the Act of May 25, 1877, and who claim to have practiced ten years in Illinois but to whom no Certificates have been issued. H. W. Rokker, State Printer.

This monument of commendable industry on the part of the Illinois State Board of Health has many features of interest, apart from its statistical value. It shows that the State Board of Health keeps a constant and stringent watch over the

interests of the medical profession of the state. From this work it appears that there were four hundred and twenty-three practitioners holding spurious diplomas, of which one-half came from Philadelphia, and the greater part of the remainder from Cincinnati and St. Louis. Sixty-seven practitioners were found to have assumed names. Twenty-nine certificates have been revoked by the Board for unprofessional conduct, of which sixteen have been issued on fraudulent representations as to graduation, mainly of foreign schools. During 1877, before the law giving power to the State Board went into operation, there were seventy-three itinerant practitioners in the State, while in 1880 there are but nine. In 1877 there were twenty-three cancer doctors, there are now but four. The Board has found as might have been expected, the ten year clause considerable of a hindrance to their praiseworthy endeavors.

ORAL SURGERY, by James E. Garretson, M.D., D.D.S. Illustrated with numerous steel plates and wood cuts. Third edition, thoroughly revised. Philadelphia: J. B. Lippincott & Co., 1881.

This work has been long regarded as a standard textbook in the schools for dentistry. Despite this fact the author makes some very curious statements, scarcely explicable on the ground of a lapsus calami. For example, in attempting a description of the teeth he says about the molars that they have crowns of cuboid shape and have four cusps. The author in this work says nothing of the very common procedure of taking impressions of natural teeth as a preliminary aid to making artificial teeth. The book, as a whole, is of considerable value, but can scarcely be said to be a full mirror of American dental progress. It is especially lacking in its treatment of the mechanical part of the subject. It is fairly well issued by the publishers.

PERITONITIS IN DIPHTHERIA.—Two cases of peritonitis apparently due to diphtheria are reported by Dr. W. C. Dabney, of Charlottesville, Virginia, (*American Journal of the Medical Sciences*, October, 1881). One of the patients, a young lady, during an attack of diphtheria, vomited and also passed by the bowels a false membrane. She died on the third day, of peritonitis.

BOOKS AND PAMPHLETS.

- Dr. D. Joy, Ann Arbor, Michigan. A Letter to the Medical Profession.
- J. Matthews Duncan, M. D., London, England. Clinical Lectures on Diseases of Women. Library of Medical Classics, Bermingham & Co., New York, 1881.
- E. C. Mann, M. D., Sunny Side, New York. Importance of the Early Recognition and the Repression of Mental Disease in its Incipient Stages. Reprinted from the College and Clinical Record, September 15, 1881.
- W. H. Byford, M. D., Chicago, Illinois. The Practice of Medicine and Surgery as applied to the Diseases and Accidents Incident to Women. Third edition. Lindsay & Blaskiston, Philadelphia; W. T. Keener, Chicago.
- Henry M. Lyman, M. D., 533 West Adams Street, Chicago. Artificial Anæsthesia and Anæsthetics. Wood's Library of Standard Medical Authors for September. New York: William Wood & Co., 1881; W. T. Keener, Chicago.
- Frederick P. Henry, M. D., Philadelphia, Pennsylvania. Cartwright Prize Essay. Observations with the Hæmacytometer on the Globular Composition of the Blood and Milk. Philadelphia: F. A. Davis, Attorney, 923 Chestnut Street, 1881.
- Surgeon General, United States Army, Washington, D. C. Quarterly Report of Medical Officers, United States Army, with their Stations and Duties as Reported to the Surgeon General, October 1, 1881, or at date of last report received at his office.
- Henry B. Baker, M. D., Lansing, Michigan. The Relations of Schools to Diphtheria and to Similar Diseases. Reprinted from the Sixth Volume of the Transactions of the American Public Health Association, 1881.
- Henry B. Baker, M. D. Secretary of the State Board of Health, Lansing, Michigan. Restriction and Prevention of Diphtheria. Document issued by the State Board of Health of Michigan. Revised edition of 1881.
- Wm. Dickinson, M. D., St. Louis, Missouri. Transactions of the Medical Association of the State of Missouri, at its Twenty-Fourth Annual Session, held at Mexico, Missouri, May 17, 18 and 19, 1881.
- E. Fletcher Ingals, M.D., 188 South Clark Street, Chicago. Report to the Illinois State Medical Society on Laryngeal Tumors. Reprinted from the Transactions of the Illinois State Medical Society for 1881.
- L. Duncan Bulkley, M. D., 1 East Thirty-third Street, New York City. Clinical Illustrations of Favus and its treatment by a New Method of Depilation. Reprinted from the Archives of Dermatology, Vol. VII., No. 2, April, 1881.
- A. Reeves Jackson, M. D., 271 Michigan Avenue, Chicago. Uterine Massage, as a Means of Treating Certain Forms of Enlargement of the Womb. Reprinted from Volume V. Gynecological Transactions, 1881.

Thomas F. Goody, Buffalo Lithia Springs, Virginia. Buffalo Lithia Springs, Mecklenburg County, Virginia. Health Primer. Gouty or Uric-Acid Diathesis, Inflammations of the Bladder and Kidneys, Bright's Disease, Disorders of the Stomach and Nervous System, Affections Peculiar to Women, Malarial Poisonings, etc. This Water as a Table Water, etc.

- I. Minis Hays, M. D., Philadelphia, Pennsylvania. Advance Sheets from the October Number of the American Journal of the Medical Science, containing the Official Report of the Autopsy of President Garfield, prepared by the Surgeons in Charge.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department. U. S. Army, from October 13, 1881, to October 28, 1881.

DeWitt, C., Captain and Asst. Surgeon, now on leave of absence, to report in person to the Governor of the Soldiers' Home. D. C., for duty as Attending Surgeon at the Home. S. O. 217, C. S., A. G. O.

O'Reilly, R. M., Captain and Asst. Surgeon. Granted leave of absence for six months from Dec. 1, 1881, on Surgeon's certificate of disability. S. O. 225, A. G. O., October 5, 1881.

Heizmann, Charles, Captain and Asst. Surgeon. Relieved from duty at Fort Townsend, W. T., and assigned to duty at Vancouver Barracks, W. T., as Post Medical Officer, relieving Asst. Surgeon Dickson. S. O. 135, Dept. of the Columbia, September 9, 1881.

Hall, John D., Captain and Asst. Surgeon. The leave of absence granted him in S. O. 141. August 4, 1881, Dept. of Dakota, is extended three months. S. O. 220, C. S., A. G. O.

Harvey, P. F., Captain and Asst. Surgeon. Granted leave of absence for twenty-five days, to take effect on adjournment of the G. C. M., of which he is a member. S. O. 182, Dept. of Dakota, October 5, 1881.

Cowdrey, S. G., Captain and Asst. Surgeon. Granted leave of absence for four months. S. O. 228, A. G. O., October 8, 1881.

Maus, L. M., Captain and Asst. Surgeon. Granted leave of absence for four months. S. O. 222, C. S., A. G. O.

Cunningham, T. A., Captain and Asst. Surgeon. Granted leave of absence for one month on Surgeon's certificate of disability. S. O. 102, Dept. of the South, September 29, 1881.

Robinson, S. O., First Lieutenant and Asst. Surgeon. Granted leave of absence for four months. S. O. 228, C. S., A. G. O.

Strong, N., First Lieutenant and Asst. Surgeon. When relieved by Asst. Surgeon Shannon from duty at Fort Thornburgh, U. T., assigned to temporary duty with troops repairing road between Park City and Fort Thornburgh, U. T. S. O. 102, Dept. of the Platte, October 4, 1881.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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THE PHYSICIAN AS A LEGISLATOR.—It cannot be claimed that the medical profession has been remarkable for skill in legislation. A priori, one might imagine that a profession theoretically scientific and logical would easily master the necessary element of legislation, at least in such matters as directly concern themselves. But there is scarcely a state in the union in which there has not been passed during the last decade some absurd and inconsistent law, through the influence of the medical profession. In one state the regular profession legislated with such success that the only body entitled to grant licenses was the State Eclectic Medical Society. In another state, an attempt to tax the traveling quacks resulted in the requirement of a license fee of \$100 from every member of the profession in the state. Perhaps the latest instance of this curious lack of foresight on the part of the profession, is the inconsistent clause forced into the Illinois pharmacy laws, with the intent to give the medical profession the right to practice pharmacy without examination. This clause is it appears, rendered null by other clauses, and is simply a useless appendage. While the subject, as will be seen by the instances cited, is not without its humorous aspect, the matter has much about it that is none the less serious. Frequent abortive at-

tempts at legislation tend to create disgust in regard to the subject of legislation. The profession, therefore, by making such short-sighted attempts at benefitting itself, would tend to create an apathy if not an antipathy to legislation on such subjects. To retain its influence in regard to legislation, the profession must see that the laws required by it are comprehensive, concise and consistent; comprehensive in taking a broad view of the subject, and avoiding any petty attempts to be thorough, which take into account what ought to be, rather than what is; concise so as to be easily understood, and consistent in order to avoid such absurdities as those already mentioned.

EPILEPTIC ALIENATION BEFORE THE COURTS.—The results of the "Ada Robert Case" in this city, certainly do not reflect credit on either the legal or the medical profession. Mrs. Roberts, about two years ago, was found not guilty of murder, on the ground of epileptic insanity, and sent to an asylum. She has just had herself discharged from this institution by judicial decision that she is now sane, further supplemented by a judicial alienist opinion that she has never been insane. The medical evidence in her favor was phenomenal; it ignored all that has been hitherto established regarding epileptic alienation. The physicians testi-

fyng seem not to have known that the majority of insane epileptics had prolonged lucid intervals, that the epileptic insane were peculiarly dangerous, and that these psychoses were incurable. Absurd as such expert testimony must appear, the delusion of the judge that he also was an alienist expert was more absurd, based as it was solely on the idea that a judicial position was in itself sufficient to make him such an expert.

It is not unworthy of remark that the legal and medical knowledge of this judicial alienist expert were on a par, for he went far beyond his judicial duty in expressing an opinion on a case not at issue before him and previously decided by another tribunal. This case shows the necessity of the recognition by the law of curable and incurable types of insanity, and that it compel a jury acquitting a patient on the ground of insanity to decide whether such insanity be curable or incurable; such decision sending the patient, in the latter case or in any dubious case, to a criminal lunatic asylum for life. The law should be thus specific, because murder might be committed during the delirium of a fever, the acute brief attacks of insanity from syphilis, alcohol or other toxic agents, during acute mania, melancholia, or the puerperal psychoses, and it would certainly be unjust to retain such cases permanently in an asylum. There would only be one difficulty, it would require a higher grade of medical expert than is usually met with in such trials.

This case and the Gosling case in New York are curiously similar, in both, medical men pronounced the victims of two well-defined psychoses, an insane epileptic and a progressive paretic, sane after a personal examination, and in both the judge indulged in purely gratuitous assumptions respecting the previous insanity of the plaintiff. They both show that the laws respecting the insane, as well as the expert system and the judiciary require thorough and very careful revision.

LAY SUPERVISION OF MEDICAL INSTITUTIONS.—A matter that certainly threatens the independence of the profession is the lay supervision and control of various medical institutions. Numerous evils have resulted from this during the past decade, and the outlook for the future is by no means promising. The recent scandalous occurrences at Guy's Hospital, London, the arbitrary dismissal of consulting physicians to the Presbyterian Hospital, New York, and certain occurrences of similar tenor in connection with Bellevue and other hospitals in various cities, show that the lay control of institutions devoted to the care of invalids, results in lowering public estimation of the profession, in diminishing the efficacy of hospitals and in conducting them on a purely economical basis. The same remark holds good of asylums for the insane, which are in many instances but sops to the thirst for internal improvements of certain localities. A board of local trustees is chosen for these, and these gentlemen generally choose a medical man in obedience to the same solicitation for the welfare of local interests. The result of this is that the hospital or asylum, as the case may be, is run purely as a show establishment, its efficiency is judged chiefly by the amount of dollars saved out of the annual appropriation. If the hospital be municipal, there is generally a lay superintendent chosen, whose ability has hitherto been chiefly displayed in the direction of controlling the primaries of his party, and the office under him becomes simply a means of rewarding fourth and fifth rate politicians. This system of lay supervision has in many states resulted in the prevention of the proper utilization of the clinical advantages offered by the hospitals, and in numerous unsavory scandals. To such an extent has this lay supervision been carried, that the health officer, a purely medical position, is a layman, generally set in his ideas, and ignorant of all sanitary science. This state of things is both a disgrace and a danger to the profession, the more so as

it is easily remediable. The different local medical societies could soon regulate this matter if they would but resolve that it is inconsistent with the dignity of the profession, with the best interests of the community, that any public institution charged with the care of invalids or the care of the insane, should be under lay control. A course of social tabooing of such physicians as went against the sense of the profession as thus expressed, would soon place the various hospital and other authorities in such a position that they would be compelled to bow to the views of the profession. Until this is done, clinical opportunities will continue to be wasted, social cliques will continue to regulate hospital appointments.

INSANITY FROM SCARLATINA.—Dr. J. Rabuske, Berlin, Germany (*Deutsche Medicinische Wochenschrift*, October 8, 1881), says that scarlatinal psychoses have been rarely reported, and that the only two cases prior to his own are reported by Schulz (*Archiv für Psychiatrie*, Band III, 721). The disease began with the usual symptoms of scarlet fever, and on the third day of the disease, the mental symptoms made their appearance. The patient had marked hallucinations of sight and hearing, of depressing type, relating chiefly to the military, a parade of whom had been seen by him just before falling ill. The fifth day of the disease the psychical disturbances had reached their greatest height. The patient recovered on the tenth day of the disease under chloral hydrate, morphine and seclusion in a dark room. Just previous to the onset of the psychical disturbance, the temperature sank from 102.5° F., which it reached by the second day of the fever, to normal. There was no hereditary tendency in the case and the patient was twenty-one years of age and had hitherto enjoyed good health. Scarlatina often completely changes the character of an individual and at times causes dementia through producing a meningeal process. Cases like this are somewhat exceptional.

AMBITIOUS OF PROFESSORIAL HONORS.—The Medical Record cites from the Cincinnati Medical Gazette the following letter to the editor: "Mr. W. H. Cook, M. D., Dear Friend Doctor: I am sorry to say I did not get to see you when at your place and to Learn of your Ill health; Hoping that by this time you are at work agan in the class: I think I will be down to see you agan in a short time if I well a nuff posted would like to worke in some one of our colleges next winter on materia medica or surgery as I want to do all in my power to keep our colleges up and prospering I dont care as for the great a mount of money maid but see the Business in our cose go on and Be advancing Doctor if you would happen to have a vacant place on Either one of these to branches of study I will take Either one of them If I can make my Bord while at the Turm Leet me know soon in Reference to this well doctor I have a noble Prectice here and am diewing as well as I could wish to do Eney where Hoping to Here from you soon I remain yours Respectfully T. L. H. M. D." T. L. H. is obviously a graduate of one of "our colleges," and his ambition to "worke on materia medica or surgery" is one based on evident knowledge of "our colleges." His devotion to the "Bisiness in our cose" will probably be fully appreciated by the "Business" managers of "our colleges" already mentioned.

LITERATURE OF INSANITY.—The following is not an emanation from a case of secondary dementia, but appears in the editorial columns of the *Alienist and Neurologist*, October, 1881: "ONE OF OUR BRETHREN, overworked and weary of editorial strife, lately heralded the fact, and went abroad for a little *sun* and *air*, taking with him also a wife. He has returned and proclaims himself *belle-cosily* fixed and *belli-cosely* inclined no longer. What a taming influence has matrimony on some boisterous souls." Those familiar with writing of the insane will recognize the characteristic emphasis, not to speak of other peculiarities.

PROFESSIONAL DECORUM.—The editor of the Mississippi Valley Medical Monthly, and the editor of the Southern Practitioner, after having waged a somewhat fierce warfare in their respective journals, now resort to the public press and indulge in letters characterised by what ordinarily would be called Billingsgate, but seems by these gentlemen to be considered the quintessence of logic. Such performances as these are certainly not calculated to give to the public a good idea of professional decorum.

THREE ATTACKS OF SCARLATINA.—Dr. Charles H. Miller, Peabody, Kansas, (Southern Practitioner, November, 1881,) reports an apparently well-authenticated instance of three attacks of scarlatina in the same individual. The case was, however, complicated by the fact that the patient was a very neurotic subject. She was at first attacked by throat symptoms, the treatment for which, large doses of quinine, might in such a subject have produced what Dr. Miller regards as an evidently crucial symptom, the scarlatinal eruption. It will therefore be obvious that the case is not perfectly free from elements of error.

PRESCRIPTION REPETITION.—President Kennedy, of the Pennsylvania Pharmaceutical Association (Druggist, November, 1881), cites this instance of the dangers attending renewal of prescriptions: "A few years ago, a prescription was dispensed containing Lugol's solution and laudanum, for swelling of the knee joint, with particular instructions how to use it. It proved to be a capital remedy to reduce swellings, for in a short time the patient recovered. Some time afterward he was stung by a bee over the eye, which resulted in an extraordinary and persistent swelling. Remembering that he had used on a former occasion a good remedy to reduce swelling of the knee, he sent to the apothecary and had the prescription renewed, used it freely upon the eye, and now suffers from an incurable opacity of the cornea."

REMARKABLE EXPERT TESTIMONY.—The position of the scientific expert witness is often rendered one of unusual difficulty, through his being confronted with the loose and sweeping statements of physicians, who, through some unknown influence are occasionally called on the stand, and who, disagreeing from that which is true and scientific, are responsible for the well worn cant of "doctors disagreeing." In the Wallace Will Case recently contested before the Surrogate's Court of New York County, Dr. Allan McLane Hamilton testified that "blood poisoning is caused by diseases which tend to obstruct the glands and organs which remove the débris from the system, or broken down tissues; these are blood diseases, diseases of the kidneys, and diseases of the liver chiefly." He further testified that "vaccination is a disease of the blood poisoning character," and that all diseases attended with blood poisoning were, in his opinion, "accompanied with enfeeblement of the will power."

DYING IN TWO PLACES.—District Attorney Corkhill, (American Medical Bi-Weekly, October 22, 1881,) in his foolishly drawn indictment against Guiteau, charges in one count, that the President "then and there instantly died, viz., at Washington;" in another count it is charged that he "died at Long Branch!!" In one count it is claimed that he "instantly died," and in another that "he languished from July 2 to September 19." The doctors are responsible for their full share of errors, but the lawyers have already far surpassed them.

THE SCHOOL-MASTER IS ABROAD in Memphis, to judge from the following specimen which the Mississippi Valley Medical Monthly cites as an evidence of "what some of the Memphis doctors can do in the way of prescriptions": "℞ Sub. N't Bysmurth ʒi Chocole Pulv. ʒss M. Sig. one teaspoon morning and nite." What "Chocole Pulv" is, the Mississippi Valley Medical Monthly neglects to inform its readers.

MINNESOTA COLLEGE HOSPITAL.—The inauguration of this institution appears to have been a great success. Addresses were made by the President of the College, Mr. Lowry, Professor Folwell, Hon. Eugene Wilson, the Professor of Medical Jurisprudence; the Reverend Dr. Tuttle, the Reverend Dr. Neill, Professor Tousley, Hon. W. W. Nair and Dr. F. A. Dunsmoor. The building and ground cost \$40,000, and \$40,000 worth of improvements will be made upon it this year. The original cost of the building was \$112,000. Four thousand shares of stock are to be issued at \$25, making a capital of \$100,000 to go on. There are one hundred beds in the hospital, and fifty patients. The hospital has fourteen nurses, one resident and one assistant resident physician; fourteen consulting physicians and surgeons, and twelve dispensary physicians. There are private departments for the sexes, and it is specially intended to furnish all treatment to pay patients from \$5 per week up, according to extras. There are thirty applications for student privileges now on file. It is intended to take students from Minnesota, Wisconsin, Dakota, Nebraska, Northern Iowa and the territories; students who would find it inconvenient to go as far east as Chicago or as far west as San Francisco. It will thus be seen that the new college opens with excellent prospects. There is one circumstance calculated to cause regret, a circumstance, perhaps, unavoidable. There no longer exists a four-year high grade college in Minnesota, still this does not prove that the establishment of a college requiring four years of study is an impossibility in the United States.

CAPSICUM IN OPIUM POISONING.—A patient recently under the care of Dr. Dudley, while suffering from the insomnia produced by a prolonged debauch, purchased two ounces of laudanum, of which he swallowed one half. Within half an hour he had sunk into a deep slumber, and Dr. Dudley was summoned, who evacuated the

stomach, relieving the patient of about one half the laudanum taken. Despite temporary rallies produced by strong coffee, atropine and constant movement, the patient after six hours of treatment seemed to sink into deep coma. He was given three drachms of tincture of capsicum, which was poured directly into the rectum. The effect seemed almost magical. The patient walked around rather briskly, talked more freely, and in about an hour was in his usual condition, apart from being much exhausted and complaining of considerable dryness of the throat, obviously due to the use of atropine. The case seems to be about the first in which such a mode of treatment appeared to be of service, and therefore merits mention.

ACUTE ARTICULAR RHEUMATISM.—Dr. A. Carpin (Lyon Médical; St. Louis Clinical Record, September, 1881,) concludes respecting the treatment of this disease, that First: Salicylate of soda is indicated in cases of acute polyarthritic rheumatism, when the joint symptoms are very well marked. Second: Quinine is the best remedy and the most prompt in its effects, when it is presumed to be of malarial origin, or when it is complicated by malaria. Third: Benzoic acid or benzoate of soda is suitable for such cases as are complicated by nephritis. Fourth: Blisters are the surest treatment if the rheumatism is confined to one joint, or if the affected articulations are few in number. The author gives the following as contraindications to the use of salicylate of soda: First: Grave affections of the heart. Second: Persistent gastric disturbances. Third: Renal complications, not that the salicylate produces nephritis, but it aggravates renal affections. Hence, before it is prescribed, the urine should be examined. Salicylate of soda should be given only with the greatest precautions to infants, to the aged, or to those enfeebled by long sickness. The great omission is the failure to state what the contraindications are in cerebral affections.

INDEX MEDICUS.—This periodical is again in danger of suspension. Its brave publisher has sustained considerable loss in the attempt to establish it, and from present appearances his attempt has thus far proven futile. It will certainly be a disgrace to the profession if this key to the words medical literature is numbered among the journals that were. United action on the part of the profession banded in societies, can prevent such an undesirable consummation. Let, as has been suggested, each county society take at least two copies; its members would then easily find parallels for their rare cases, and would support an enterprise fraught with considerable benefit to the profession. Under the guarantees given the publisher, the *Index Medicus* will be published for another year. It is to be hoped that during this year the profession will rally to its support, and prevent all possible chance of future failure.

CHRISTIAN MEDICAL SCHOOLS.—The Baltimore Medical College announces that it has been established "in no spirit of opposition to other schools but rather to encourage and stimulate them to increased efficiency. It will seek to elevate the standard of Medical Education professionally and morally, and covets the reputation of becoming a practical Christian Medical School." This use of the term Christian seems somewhat of ill omen, for an institution boasting a similar title, which existed in Indiana thirty years ago, was very grievously addicted to Buchananistic practices.

GONORRHOEA.—Dr. Bourgeois (*L'Union Médicale*, October 13, 1881,) claims very good results from the use of the following injection in gonorrhœa: Permanganate of potash three grains: distilled water a pint and a quarter. Three injections are to be given daily when the acute pain of the onset has subsided, and the treatment should be kept up during fifteen days. The hygienic treatment usually directed in such cases is to be used at the same time.

SEVERE EXAMINATIONS.—Some American confrère has been imposing on the credulity of an English medical man, for a correspondent of the *British Medical Journal*, October 22, 1881, says that the examinations in the Medical Colleges in New York State are very severe; a statement that will astonish no one more than it will the average New York physicians.

UTERINE CATARRH.—Dr. Goldschmidt (*Deutsche Medicinische Wochenschrift*, August 13, 1881,) claims that much of the lack of success in the treatment of uterine catarrh results from the failure to discriminate between the different varieties of the discharge. There are, according to his division: First: An abundant glutinous flaky discharge. Second: A very offensive, abundant watery discharge, full of bacteria. Third: An abundant discharge of a purulent nature. Fourth: Normal-like mucus, very copious quantity.

CHLORAL HYDRATE AND CEREBRO-SPINAL FEVER.—Dr. Geo. Goodhue, Dayton, Ohio (*Ohio Medical Journal*, October, 1881), comes to the following conclusions concerning the use of chloral hydrate in cerebro-spinal fever: First: It relieves the severe pain, either mechanically, by removing congestion, or as a true anesthetic, or, more probably, by a combined action in both directions. Second: As a sequence of the relief of pain, muscular quietude is produced. Third: By its hypnotic influence, abundant and refreshing sleep is obtained. Fourth: By its antipyretic influence, temperature is reduced. Fifth: It produces no constipation, but probably has a slight laxative effect. Sixth: It does not disorder the stomach or materially alter any of the secretions. Seventh: It produces no appreciable effect on heart or respiration. Eighth: It is not cumulative in the system. The conclusions just enumerated seem to be much better justified from a physiological point of view than the ordinary routine treatment with opium.

CEDRINE AND VALDIVINE.—Dujardin-Beaumetz and Restrepo (*Archives Générales de Médecine*, May, 1881,) have recently studied cedrine and valdivine, two drugs recently introduced as antipyretics. Valdivine is very toxic, and causes vomiting followed by a torpor in which the animal succumbs without convulsions. Given to hydrophobic dogs it has suppressed the convulsions, but has not prevented death. It appears to have no influence over intermittent fever. Cedrine is much less toxic than valdivine; in man it produces vertigo, and its antipyretic properties, though incontestable, are less sure and slower than sulphate of quinine. Neither cedrine nor valdivine has any action on frogs. Valdivine might, in the opinion of the therapeutical editor, prove of value in the treatment of lyssa as a means of producing euthanasia.

OPENING AND DRAINAGE OF CAVITIES IN THE LUNGS.—It is only a little more than a decade since Mosler, of Greifswald, in Germany, conceived the brilliant idea of combating cavities in the interior of the lungs by surgical means. Although experience has since demonstrated that this procedure is of no avail in consumptive cavities, for which it was first employed, yet the operation did this much good, that it called the attention of the profession to the surgical treatment of cavities in the lungs, and indirectly established the fact that such cavities might be opened and drained with comparative impunity. Dr. Fenger (*American Journal of the Medical Sciences*) states that thus far only six cases of this form of interference with cavities have been reported, and only one, his own case, was successful in so far that it terminated in complete recovery. The original case was one of suppuration around a large echinococcus cyst in the lung, of twelve years' standing, which has already been mentioned in the Review. An incision was made in the third intercostal space anteriorly, through which the large cyst was subsequently removed. A counter-opening being

made between the fifth and sixth ribs, a drainage tube was introduced, and daily injections of carbolic acid practiced. Dr. Fenger concludes that "the operation is justifiable in any case where the presence of a gangrenous or ichorous cavity having been ascertained, it is found that, notwithstanding an outlet through the bronchi for a portion of the contents of the cavity, it steadily fills up again; the partial evacuation does not relieve the patient, who gradually loses strength and progresses towards a condition of collapse; a steady or intermittent rise in temperature continues; the infection of the healthy portions of the lung from the decomposed contents of the cavity has commenced, or is evidently about to take place; the breath and expectoration continue fetid; absence of appetite; increasing weakness, with or even without fever, etc. These indications will enable any medical man of some clinical experience to determine, in the majority of such cases, when the disease has reached a point from which spontaneous recovery is impossible." At the same time it is observed that any cavity covered by the scapula, or situated within the supra and infra-clavicular regions may at present be regarded as inaccessible.

ODOFORMED LINT.—Hager (*New Remedies*, September, 1881,) prepares this substance after the following fashion: A solution of iodoform is first made in this manner: Four parts of iodoform are dissolved in a liquid composed of twenty parts ether, forty parts dilute alcohol, and one oil of fennel. To the solution of iodoform thus made, ten parts of glycerine are added. Ten parts of lint and fifteen parts of this glycerinated solution of iodoform are kneaded and triturated together in a mortar until thoroughly incorporated. The mixture should be made only a short time before being required, and then picked apart and exposed to the air that the ether, etc., may evaporate. A preparation of this kind would be of value in many surgical cases.

QUANTITY OF QUININE IN POPULAR PREPARATIONS.—Mr. Blyth (British Medical Journal, October 1, 1881,) has been recently making some investigations as to the purity of quinine preparations found in the chemists' shops of London. The sulphate of quinine sold at two cents a grain was found to be pure. A "tincture of quinine" was found to be as represented. Three samples of quinine wine, warranted to contain a grain of sulphate of quinine in each wine glass were found not to contain that quantity, if the wine glass be accepted as containing two ounces. A prosecution was instituted on one of the samples, and for the defence it was claimed that the wine glass used in most houses contained three ounces, and that quinine wine was a beverage and not a medicine. The magistrate ultimately dismissed the case, and under the circumstances it is difficult to see how he could have done otherwise.

PROHIBITING THE SALE OF ECBOLIC MEDICINES.—A bill is pending before the Missouri Legislature, for the prevention of the indiscriminate sale of abortifacient medicines. Section First provides that no known ecboic medicine shall be sold or given away, except upon a written prescription of a physician. Section Second provides that a record shall be kept of the sale of such medicine. Section Third prohibits the sale of all drugs "designed expressly for the use of females," until two physicians have examined them and pronounced them non-ecboic. Section Four. No publisher or printer of any newspaper, or any other person, shall, directly or indirectly, advertise any pills, mixtures or powders, designed expressly for the use of females, before receiving a certificate from two or more respectable and legally authorized practicing physicians of this State, to the effect that said mixtures, powders or pills are not ecboic or abortifacient in their action or effect. Section Five. Any person failing to comply with any of the provisions of this act shall, upon conviction, be

fined not less than fifty nor more than two hundred dollars, to be recovered by indictment or information, as now provided by law in cases of misdemeanor. And in case the death of any person shall result from the use of any ecboic or abortifacient medicines, pills, powders or compounds, sold or given away, in violation of any of the provisions of this act, the person selling or giving away the same shall, upon conviction, be punished by imprisonment in the penitentiary not less than two nor more than ten years. Section Six provides that physicians furnishing ecboic medicines to pregnant females will be guilty of felony. The provisions of this law were drawn up by Dr. A. W. Sawyer, of Arbela, Mo. The law is not clear enough and could be so construed as to prevent the sale of quinine which, as has been claimed by certain observers, has ecboic properties.

PURPURA HÆMORRHAGICA AND PREGNANCY.—Dr. A. Puech, Nimes, France, (Annales de Gynécologie, October, 1881,) concludes after an extended study of the relations between purpura hæmorrhagica or morbus maculosis Werlhofii, menstruation and pregnancy concludes that: First: Purpura hæmorrhagica or Werlhof's disease is much more frequent among females than among males. Second. It has a marked action on the uterus whether the same be empty or gravid. Third: That when it acts on an empty uterus three results may follow: It may suppress the menstrual flow and replace it by periodic purpuric manifestations; It may produce menorrhagia or finally it may lead to metrorrhagia. Fourth: Purpura during pregnancy may produce abortion or premature delivery. Fifth: Prognosis should be always extremely guarded, but in a general way it may be said that purpura is much more dangerous in the female than in the male, or in the gravid female than in the non-gravid. Sixth: Metrorrhagia occurring during purpura should lead to a graver prognosis than menorrhagia.

HEAT ERUPTIONS.—Dr. George H. Rohé, Baltimore, Md. (*Atlanta Medical Register*, October, 1881), says concerning these that for a number of years past he had to treat skin troubles obviously depending upon the extreme heat. The clinical features of the eruption are those of simple "prickly heat," together with a number of painful boils scattered over the body. The eruptions occur indiscriminately in adults and in children, are most severe in individuals who perspire freely, and are very annoying. In some cases the affection bears a strong resemblance to certain of the cutaneous syphilides. He reports one case where the resemblance to a mixed papular, pustular and tubercular syphilide was so marked as to cause some hesitancy in making a diagnosis. What adds to the difficulty is that there sometime may be a general glandular enlargement in these heat eruptions, just as in constitutional syphilis. He remarks that glandular enlargement is not an absolute sign of syphilis. He has not rarely seen children with pustular eczema of the scalp, whose disease had been diagnosed and treated as syphilis, for no other reason than that the post-cervical and post-auricular glands were tumid and painful. He advises in treatment, general attention to diet, free scarification of boils, cold bathing, together with the internal use of tincture of perchloride of iron. Sulphide of calcium is not unlikely to be of considerable value in these cases.

DOUBLE MONSTER.—Dr. Farrar, Dawson, Georgia, (*Philadelphia Medical and Surgical Reporter*, October 15, 1881,) reports a double monster which presented the following appearance: There were two well formed, well developed heads, rather larger than the average; two perfect faces; two necks; two spinal columns down to one common sacrum, two sternums, and to all appearances there were two complete pairs of lungs, and two hearts; a common abdomen, with probably only one set of digestive organs; one pelvis, and two inferior extremi-

ties. There were only two superior extremities visible, both perfect in all respects; one from each outside shoulder, right and left. At the proper place between the two necks there was a third or common shoulder which answers for each head; there was only one umbilicus. The cord and placenta were rather larger than is usual. After the cord was cut and the placenta removed, the child or children weighed eighteen pounds. He believes the child was viable and might have been saved had his forceps been at hand.

BLUE CRYSTALS IN SODIUM SALICYLATE.—Mennière (*Repertoire de Pharmacie; Druggist*, October, 1881,) ascribes the numerous blue crystals which form at the bottom of sodium salicylate solutions to the presence in the commercial salt of erythrophenate of sodium, of which it is probable that small quantities are formed during the manufacture of salicylic acid. What influence these impurities have on the therapeutic action of salicylic acid it is difficult to ascertain; certainly the salt in question cannot act much otherwise than as a diluent, and thus lead to an erroneous idea as to the amount of salicylic acid required.

DIPHTHERITIC PERITONITIS.—Dr. C. J. Lewis, of Chicago, reports the following case of peritonitis from diphtheria: The patient was ten years old, and had been ill for four days before coming under the Doctor's observation. The patient was very hoarse, and there were patches of false membrane on the uvula and tonsils. There was marked albuminuria. The bowels were obstinately constipated, and the urine was voided at intervals of a day and a half. A week subsequent to coming under Dr. Lewis' observation the patient was seized by marked symptoms of peritonitis, from which she died; there was no autopsy permitted. The case is, in many respects, exceptional, but that the peritonitis resulted from an extension of the diphtheritic process there can be no doubt.

FERMENTS and ferment-like bodies are affected quite differently by the digestive fluids. Emulsin is not changed by the saliva nor the pancreatic juice as is shown by Falk in Virchow's Archiv. It is, however, rendered inactive by the stomach secretions, in consequence of the acids they contain. This is proven by the fact that hydrochloric acid by itself acts like the gastric juice. The bile also destroys the activity of emulsin. Decomposing matter immediately weakens its action, and after some time causes it to cease entirely. Salivadiastase is not influenced by papain, but the gastric juice after half an hour destroys its activity. The bile gradually lessens its power with production of a sediment. In the presence of decomposing matter it retains its activity longer than emulsin. Malt-diastase behaves in a similar manner, but appears to be less stable. Putrid poison (such as decomposing blood) did not seem to lose any of its power for producing septicæmia by being mixed with the digestive juices nor with diluted acids. On the contrary, the putrid extract described in Virchow's Archiv (60) appeared to lose its toxic power on digestion with gastric juice and bile. In general it appears that the stomach juices and the bile are more active in suspending the power of ferments than any of the other digestive secretions.

CHLORIDE OF LEAD AS A DISINFECTANT.—The following formula is given in the Progress of Science, September, 1881, for the preparation of chloride of lead, which it claims is a good and cheap disinfectant: Half a drachm of nitrate of lead is dissolved in a pint or more of boiling water; two drachms of common salt are dissolved in a bucket of water; the two solutions are then mixed, and the sediment allowed to subside. The supernatant fluid is a saturated solution of plumbic chloride. A cloth dipped in this will purify the air quicker than almost any other disinfectant now in use.

PAREGORIC.—M. W. Borland (Druggist October, 1881,) recommends the following new formula for the preparation of paregoric: Powdered opium, 3 j; benzoic acid, 3 j; camphor, gr. xl; anise seed, freshly ground, 3 j; clarified honey, Oij; dilute alcohol, Oij. Mix and macerate for twenty-four hours, and filter through paper. Paregoric made after this formula is claimed to be more elegant in appearance than the old preparation, and as pleasant to the taste, and will mix with water without becoming milky, which certainly is a great advantage, and should lead the physician to give it the preference in prescriptions where water is used as a menstruum.

BORACIC ACID POISONING.—The prevailing opinion is favorable to the use of boracic acid in catarrhal affections of mucous membranes. Nobody apprehends poisonous effects from this remedy. Mododewkow (St. Louis Clinical Record, September 1881), of Moscow, however, relates two cases of fatal poisoning. A patient with a pleuritic exudation was tapped, and the cavity subsequently washed out by injections with a five per cent. solution of the acid, a part of which was allowed to remain in the pleural cavity. A similar operation was performed upon a lumbar abscess. Both patients soon complained of nausea, followed by incessant vomiting and hiccup. An erythema appeared in the face, whence it rapidly extended over the trunk and extremities. The temperature was but passingly increased and sunk to 36° C. The pulse became filiform, and cardiac paralysis supervened with symptoms of utter exhaustion. The autopsy of the second patient exhibited punctated ecchymoses upon the anterior wall of the right ventricle, otherwise nothing remarkable. The mind of the patients was at no time clouded. These cases appear to show that probably the antiseptic action of a remedy may depend on properties at times poisonous, but further investigation is needed, as these two cases seem to be very impure.

ABSORBENT REMEDIES were discussed by Dr. Dujardin-Beaumetz (Medical and Surgical Reporter, October 29, 1881,) at the late International Medical Congress. He claimed that to estimate the value of therapeutic interference in absorption, the changes that normally occur without it must be first considered. The living cell was continually integrating and disintegrating, the materials for which were supplied by the blood and lymph. Under irritation only it underwent visible alterations, often in the direction of increased development. After a time this pathological activity came to a stop, and the abnormal elements produced gradually disappeared: First: By the removal of corpuscular elements, still in an early state of organization, by the lymphatics. Second: By the fatty degeneration and absorption, and by the growth of fibrous tissue interfering with the general growth. The influence of the nervous system should not be left out of consideration. Therapeutic interference might promote the absorption of these pathological products.

The old division of these remedies was solvent, deobstruent and absorbent. The first softened the morbid products; the second facilitated the capillary and lymphatic circulation, while the third promoted the absorption of these products after they had undergone certain changes. To hasten absorption, it was necessary to assist what normally occurred in the diseased tissues, to hasten their return to their embryonic phase, or their fatty degeneration, or the development of cicatricial tissue which tended to strangle them. The remedial measures for these objects were manifold. Some acted mechanically, compression, massage, etc.; others, of a more active kind, by evulsion, blisters, "solvent" ointments and plasters. Others acted on nutrition, through the nervous or the vasomotor system, the continuous galvanic current, applied to the surface, or by electro-puncture. A destructive action on the morbid products, designed to promote absorption, had been

the injection of Corsica papaya or papayin, into malignant tumors; toxic injections to destroy the fœtus in extrauterine pregnancy, etc. The liquid products of inflammation were removed by surgical means. There were then those medicaments, which had a solvent action on morbid products. First, however, the influence of the general nutrition on the nutrition of such products deserved notice.

Both augmentation and diminution of nutritive interchange exerted an influence. The former caused morbid products to be absorbed by stimulating the functions of the economy; for example, removal of strumous and lymphatic deposits by appropriate hygienic measures, country air, nourishing food, regulated exercise increased the activity of the capillary and lymphatic circulation. Abstinence and disease productive of malnutrition might accomplish it in another fashion, as in the autophagy of muscular adipose tissue and tumors chiefly made up of fat. A like method had been proposed to remove inflammatory exudations into serous cavities. Apart from medicines which acted on certain inflammatory exudations, diuretics and purgatives in pleuritic and peritoneal effusions, and such as operated by affecting nutrition, arsenic, there were only two drugs which exerted selective action on the nutrition of such new formations; iodine and mercury. These remedies had a selective power over certain products, and not over others structurally identic with them. Thus, syphilitic gummata, strumous deposits and tubercles were histologically similar; but mercury affected only the first, iodine the second, while the progress of the third was not influenced by either. Conium was formerly in great repute as a solvent; there was still no explanation of this action of conium. It might be due to its influence upon the nervous system. Its action in this respect deserves further investigation. This paper is suggestive, but the results obtained by the author are but the confirmation of what has long been known.

MICHIGAN STATE BOARD OF HEALTH.—At the last meeting of this body, Dr. Lyster, of Detroit, read a paper on "Syphilis in its Relations to Public Health." Dr. Kellogg read a paper on the "Relation of Preventable Sickness to Taxation." Showing by the reports of the board of correction and charities, the abstracts of reports of county superintendents of the poor, the abstracts of statistical information relating to the insane and the deaf, dumb, and blind, and the Vital Statistics reports, that more than three thousand persons in Michigan, are annually dependent on the State for support to a greater or less extent, in consequence of diseases preventable by the adoption of proper sanitary measures. The cost to the people of the State for the support of these persons is over forty thousand dollars annually, a portion of which is paid by every tax payer. This is but a small part of the actual loss to the State. The number of deaths from preventable sickness in 1880, (estimated from returns by supervisors and assessors) was four thousand and five hundred and eighty-five. Placing the value to the State of each human being at the low estimate of \$1,000, the aggregate loss by deaths from preventable sickness is over \$4,500,000. But to this must be added a further loss from sickness which did not terminate fatally. The statistics of the benefit societies of England show that for every person who dies, two persons (on the average) are sick throughout the year. This indicates a total annual loss of time from preventable illness on the part of more than nine thousand persons, to which should be added the expense of living, etc., certainly more than \$1,000,000. This gives about \$5,666,000 as the total loss to this State from diseases generally conceded to be preventable. These figures are regarded as much too small, because of the few diseases included in this estimate as preventable, (though it is generally conceded by sanitarians that at least nine-tenths of all ailments may readily be prevented), and because only sickness and

deaths directly traceable to preventable causes have been included, while a large amount of sickness and many deaths are indirectly due to these causes. It is probable that preventable sickness might justly be charged with an expense to the State of not less than ten million dollars. Estimating the loss in other States in the same ratio to the population, the loss in the United States would suffice to pay the national debt. It must be obvious, however, that many of the results of the so-called preventable diseases, cited by Dr. Kellogg are inseparable from progress. To prevent them would require a change of too great and sweeping character ever to be carried out, and even were this accomplished, it is dubious whether more would not be lost than gained.

COLCHICUM AS AN ANTIPYRETIC.—Dr. Waterson (Medical and Surgical Reporter, October 29, 1881,) presented a paper before the late International Medical Congress on this subject. He believed that a true antipyretic prevented the production of heat, and that this production was at least, controlled by the nervous system. Colchicum autumnale possessed a remarkable power, specific in character, over the organic nervous system, apart from its eliminative action, reducing the production of heat, at least temporarily. In suitable cases it was superior to, with wider range and greater power than, any other antipyretic. It was especially useful in all sthenic forms of hyperpyrexia, such as iritis, pneumonia, malarial and other fevers. Dr. Waterson had used colchicum extensively in the form of a wine of the seeds, combined, to avoid disturbance of the alimentary canal, with about equal parts by bulk of camphorated tincture of opium. He gave from one drop every ten minutes, to a new born child, to half an ounce every thirty minutes, to a vigorous adult, in dangerous sthenic hyperpyrexia. That colchicum had some newrotic action has long been suspected on account of its peculiar specific action in gout.

NUTRITION AND STRYCHNINE POISONING.—Dr. M. G. Delaunay (*Bulletin Général de Thérapeutique*, September 30, 1881), claims to have found that strychnine poisoning affects the stronger animal sooner than the weaker, both receiving the same dose, although the strongest soonest recovers. A well-fed animal gives quicker evidence of the influence of strychnine than one which has been starved. An animal which has been much exercised is more liable to the effects of strychnine than one which has remained perfectly quiet up till the time of the administration of the dose. If two frogs be suspended one by the head the other by the feet, both being given the same dose of strychnine, the one suspended by the feet shows the effects of the drug first. Dr. Delaunay from this believes that keeping a patient badly poisoned, in an erect position would exercise a beneficial influence in respect to recovery. If the same dose be given to two frogs, one of which has been previously bled, the latter will be less affected, and in proportion to the amount of blood lost. The bled one also recovers first. Bleeding an animal tends however, to produce convulsion, with the same dose which has previously killed others without causing convulsive attacks. If congestion of any part of the animal be provoked, the part congested is usually the most convulsed under strychnine.

DEATHS FROM ANÆSTHESIA.—Mr. Ernest Clarke (*British Medical Journal*, October 1, 1881,) cites the following case as being somewhat explicatory of certain mysterious deaths from anæsthesia. A patient forty-two years of age, underwent an operation for ruptured perineum. She was brought under nitrous oxide followed by ether. When the latter was turned on she became somewhat blue but soon recovered, and continued for an hour and a quarter to take the ether well. Nine days later she was placed on her left side on the table, no anæsthetic being given. The patient complained of cardialgia, and appearing fright-

ened, was allowed to remain quiet for a few minutes. An attempt was then made to remove the sutures but was abandoned on it being noticed that the patient was blue in the face and had stopped breathing. Artificial respiration and drawing the tongue forward restored the patient who, after receiving some brandy, was sent back to bed. In a quarter of an hour she had an attack of dyspnoea accompanied by cardialgia and extreme lividity, and soon after died. The autopsy revealed extensive growths on the mitral valves and a clot, which Mr. Clark says, was evidently ante mortem, two and a half inches long, in the pulmonary artery. Cardiac disease was not suspected during life. Mr. Clark very pertinently remarks that had this death occurred during the use of an anæsthetic, it would have been charged to the anæsthetic. While the case is of interest and of value, it is by no means as clearly reported as it might be.

BACTERIA OF TUBERCULOUS LEPROSY.—M. Cornil (*St. Louis Clinical Record*, September, 1881,) has recently given a very instructive communication on the bacteria of tuberculous leprosy. It has not been forgotten that Hansen has already described these bacteria, which M. Cornil has been able to study anew in hardened specimens which he has brought from Spain. These bacteria, which are seen in the form of isolated rods, or collected into bundles, susceptible of being colored by indigo-violet, have been found in the constituent cells of the tubercles of leprosy, and in certain of the viscera, the liver and nervous trunks. The epidermic layers did not contain them. M. Cornil insists upon the importance of this peculiarity, from the point of view of the contagiousness of leprosy. The parasitic nature of the disease may explain, in a measure, the effects of certain antiseptic medication which has been tried, not without results. Thus, M. Labbé has found remarkable amelioration in the condition of a patient in his service at the *Maison de Santé*, under daily carbolized injections.

HÆMATIC CHANGES IN THE DERMATOSES.

—According to certain results recently published by Dr. A. Lévy (Thèse de Paris, No. 91, 1881,) the influence exerted by the various cutaneous diseases on the blood is as follows: Psoriasis does not appear to exercise any influence on the number of globules or the composition of the blood. Only in inveterate and very much generalised psoriasis, is a diminution of hæmoglobine recognizable, this not being always proportionate to a diminution in the number of globules. In chronic and generalised eczema the number of blood globules is very frequently slightly diminished; the diminution as a rule being markedly greater than in psoriasis. There is also a diminution, always slight, in the hæmoglobine, the absorbent power of the blood and its solid matter. In proportion to the tendency of eczema to recovery, the elements of the blood increase. The same holds true of the number of red and white globules, which increases thus above all in sudden acute forms of eczema. In chronic pemphigus the diminution in the amount of blood globules is very doubtful. In prurigo-lichen and in phthiriasis pilaris the changes, as might be anticipated, are by no means noticeable. The author divides the scrofulides into benign and malignant. While the scrofulides remain local there are no hæm-atic lesions, but when on the contrary they tend to become generalised, above all when complicated by visceral lesions, the amount of white and red corpuscles considerably diminishes and the amount of hæmoglobin may fall to seventy-eight, and even to seventy-three grammes, and the amount of solid matter may be decreased one-half. In syphilis, the author found that in four cases of secondary syphilis fifteen or twenty days' mercurial treatment was followed by a progressive diminution of the red blood globules; in one case a slight increase was observed and in the remaining cases there were no changes. In secondary syphilis of moderate duration there were no chemical alterations in the

blood. In the intense, malignant and precocious forms, hæmoglobine and the solid matter of the blood diminishes. Under mercurial treatment these changes rapidly disappeared. In simple purpura the amount of red blood globules is increased, sometimes it temporarily diminishes at the outbreak of the eruption; the amount of white blood globules is normal or increased. In hæmorrhagic purpura the amount of hæm-atic change is very great. In elephantiasis there are no changes in amount of the blood globules, but even in benign cases there is a diminution of hæmoglobine and the solid matters. While Dr. Lévy's researches have been careful and exact, it must be confessed that the subject presents so many sources of error that his results can be only regarded of value as being tentative and suggestive.

POTASSIUM BROMIDE IN ORCHITIS AND MASTITIS.—Dr. J. Grainer (Virginia Medical Monthly, September, 1881,) claims that when consulted in time, he finds that potassium bromide, in five-grain doses three times a day, or smaller doses, more frequently repeated, is of great value in orchitis or mastitis. In advanced or complicated cases, he thinks that auxiliary methods should be used, either as a precaution, or to facilitate recovery; but he has never had the bromide fail him, even when used alone. In orchitis, a suspensory should always be worn. In some cases he has seen the disease held in abeyance for weeks, when the patients had persisted in walking and horse-back riding, and these cases eventually recovered, without suppuration.

RÖTHELN.—The various communications presented to the late International Congress were in accord as to the fact that rötheln was a disease sui generis, and having a very favorable prognosis; Squire, Smith (of New York), Shuttelworth and Kassovitz presenting careful analyses of the disease as found in different countries, all leading to the conclusion already mentioned.

BICARBONATE OF SODA IN TONSILLITIS.—(La Presse Médicale Belge, July 17, 1881,) Dr. Giné states (St. Louis Clinical Record,) that bicarbonate of soda, applied topically and repeatedly to the tonsils, is of incontestable efficacy in quinsy. The remedy may be employed by insufflation through a paper tube, or may be applied by the finger, even by the patient himself. Dr. Giné has rapidly cured dozens of cases by this procedure. In no single case was the application entirely without effect; most commonly a cure was obtained in twenty-four hours. Alleviation took place, ordinarily, at once. In none of his cases was it necessary to wait long for relief. But he especially recommends this remedy in the prodromic period to abort the disease. Dr. Giné considers tonsillotomy for enlarged tonsils as an entirely useless operation, for this affection is always overcome in a relatively short time by the frequent application of sodium bicarbonate. These results would seem to be somewhat doubtful, and due rather to the enthusiasm of Dr. Giné than the result of actual observation. Still, the remedy is certainly worthy of trial.

PRECAUTIONS IN THORACENTESIS.—M. Raynaud (Medical and Surgical Reporter, October 29, 1881,) insists on certain precautions in thoracentesis. To avoid severe attacks of cough, which often occur in the course of the operation, and are painful and inconvenient, he gives a subcutaneous injection of morphine before performing puncture. In this way the cough is almost always prevented, or very considerably diminished; rigorous cleansing, especially of the trocar, with antiseptic solutions, he considers a matter of the utmost importance. The simplest method is to pass the instruments to be employed through the flame of a spirit lamp, and subsequently to plunge them in carbolic acid solution. When the operation for empyema and modified injections are employed, in lieu of leaving the patient seated, lay him on the side opposite to that on which the operation has been

performed; in this manner all the diseased parts are reached by the fluid, while otherwise the lower parts only are reached. Further, it must not be forgotten that the greatest care is necessary in performing these injections; for, in certain rare cases, epileptiform convulsions have followed, ending in rapid death. The washing out should, as far as possible, be performed by means of a syphon; or, if other injecting apparatus be used, great care should be taken to prevent the jet produced from attaining too great a force and in this way directly striking the lung.

IODOFORM INTOXICATION.—A. Henry (Centralblatt für Chirurgie, October, 1881,) mentions two cases of intoxication with iodoform, both of which terminated fatally, with coma, aphonia, paralysis of sphincters, retracted abdomen and accelerated pulse. In one case more than 100 grammes of iodoform had been administered. The threatening symptoms appeared on the second day, and death occurred on the sixth. In the second case the symptoms appeared on the ninth day, and death ensued on the sixteenth.

PHTHIRIASIS is not a very uncommon disease as characterised by the presence of the ordinary louse (*Pediculus communis*) but the case which has been well reported by Dr. M. Goldsmith, Rutland, Vermont, (Medical Record, October 29, 1881,) is so relatively rare as to merit mention. A woman came into his office who complained of an intense itching caused, according to her statement, by insects crawling over her. On causing a profuse diaphoresis a number of brownish insects emerged from the sweat pores. These on investigation, were found to be pigeon or hen lice (*Dermapterus Avium*.) The use of diaphoresis, sulphur, tar water, mild solutions of corrosive sublimate and the precautions usual in phthiriasis resulted in a cure. Similar cases have been reported by Alt, Simon and Bory de St. Vincent.

MICHIGAN is to have a new asylum for the insane, at Traverse City.

DR. JULES GARIN, editor of the *Gazette Médicale de Lyons*, died recently.

DR. J. J. TONLIN, a leading Jersey City physician, died October 30, 1881.

DR. JOHN MENNINGER, a prominent New York physician, died October 28, 1881.

DR. Walker Cary, of Buffalo, New York, died at Marseilles, France, aged sixty-five.

DR. B. F. Bache, of "Wood and Bache Dispensatory" fame, died, November 2 1881.

PROFESSOR VIRCHOW has just been elected to the Reichstag by the German national liberal party.

DR. LABORDE has been appointed Inspector General of the French Asylums for the Insane.

DR. LOUIS ELSBERG has resigned the Professorship of Laryngology in the Medical Department of the University of New York City.

YELLOW FEVER.—Pasteur is about to visit the lazaretto at Bordeaux, to ascertain the practicability of obtaining a process of vaccination against yellow fever.

THE New England Medical Monthly has just made its appearance. It is a journal of forty-eight pages, under the editorship of Dr. W. C. Wile, and presents a good appearance.

DR. FERRIER, of cerebral localization fame, has been summoned before a London police court by the English Anti-Vivisection Society, charged with unlawful experiments on a dog and two monkeys, before the late International Medical Congress.

PET ANIMALS AND CONTAGIOUS DISEASE.—The *Journal of Comparative Medicine* cites certain cases corroborative of the fact that pet animals may communicate contagious diseases. The facts cited only confirm existing knowledge on the subject, but the matter is well worthy attention.

SOLVENT FOR QUININE.—Dr. R. C. Kenner, Batesville, Arkansas, (*Louisville Medical News*, November 5, 1881,) states that sweet spirits of nitre is an excellent vehicle for quinine. It is a perfect solvent of the drug, and counteracts the nausea produced by it.

ECLAMPSIA.—Dr. R. C. Kenner, Batesville, Arkansas, (*Louisville Medical News*, November 5, 1881,) claims that the fluid extract of valerian has proven of great value in the treatment of eclampsia. The same drug has, however, been found of little value by other observers.

OVARIOTOMY IN THE UNITED STATES.—Dr. Horatio R. Bigelow, Washington, D. C., who is preparing a paper on ovariectomies, made in the United States, will be glad to receive from the profession full reports of such cases. His address is 1502 Fourteenth street, Washington.

VENESECTON IN PULMONARY OEDEMA.—Dr. Frederick Holily, Toledo, Ohio (*Ohio Medical and Surgical Journal*), reports a case of acute pulmonary oedema, which was treated by venesection with marked success. His results would justify a similar method of procedure in like cases.

CARBONATE OF IRON IN CHLOROSIS.—Dauvergne (*Bulletin Général de Thérapeutique*, September 30, 1881,) is of opinion that in many cases of chlorosis, carbonate of iron possesses qualities that render it of great value, when mixed with sugar in such a way as to form a species of sucro-carbonate of iron.

PINE SOOT IN ECZEMA.—Dr. J. E. Guntz (*Memorabilien Heilbron*, XXVI, 4, 1881,) claims that pine soot is of great value in eczema. It is entirely painless, applicable to all varieties of the disease. It is not the source of any irritation either in the eye or ear, and is not poisonous. The soot is mixed with lard, and applied every morning and evening for a week, and rubbed gently off. The same treatment has been found of service in prurigo, lichen, impetigo and erythema papulatum.

LOCAL.

COLLEGE OF PHYSICIANS AND SURGEONS
OF CHICAGO.

The notice of the incorporation of this new enterprise has already been given in the Review. Since that time the capital stock, \$30,000, has been subscribed, and a board of directors elected; of which the officers are: Dr. A. Reeves Jackson, President; Dr. S. A. McWilliams, Vice-President; Dr. L. St. John, Treasurer, and Dr. D. A. K. Steele, Secretary. The site of the new college building is on the northwest corner of Harrison and Honore streets, immediately opposite the main entrance to Cook County Hospital. At this place, a lot ninety-seven by one hundred feet has been purchased. Plans for the building have been and are being submitted to the directors, and it is probable that the building will be completed in less than a year from this time. The preliminary announcement of the college states that the session of 1882 will commence October 1, and will continue for six months; that post graduate and spring seasons will also be held; that it is the intention of the directors to inaugurate a high grade of medical education, and to make the organization and plans of teaching so complete as to rank this among the foremost medical colleges of this country. The graded course of study will occupy four years, an attendance of three years being compulsory. In the course, especial prominence will be given to clinical instruction, which will be employed whenever practicable. The graduation examinations are to be conducted on a plan similar to that adopted by European medical schools, the board of examiners being composed of representative medical men, unconnected in any way with the college. The concours method will be adopted in filling professorships and lectureships; the candidates for such positions being subjected to competitive examinations.

CHICAGO MEDICAL SOCIETY.

At the November 7 meeting of this so-

ciety, the paper of the evening was presented by Dr. Christian Fenger, his subject being "The Total Extirpation of the Uterus Through the Vagina," in which he gave a short historical sketch of the total extirpation of the uterus per abdominem and per vaginam. This was followed by the report of the case in which he performed total extirpation through the vagina, and which was followed by complete recovery from the operation. A résumé of the case has already appeared in the Review. The paper was concluded by the consideration of I: The indications for the operation. II: The operation itself. III: The after-treatment, and IV: The results. The extirpated uterus, Mikulicz's permanent irrigator, and Dr. Fenger's modification of the latter instrument, were also exhibited to the society. Remarks on the paper were made by Drs. A. R. Jackson, G. C. Paoli and C. W. Earle, after which the society adjourned. At the November 21 meeting an essay will be presented by Dr. Mary H. Thompson, on "Some of the Causes that produce the Alcoholic and Opium Habits;" and Dr. W. H. Curtis will read a paper on "Disposal of the Dead."

RUSH MEDICAL COLLEGE.

Dr. J. H. Etheridge, the secretary of this college, states that there have been thus far matriculated four hundred and ninety-two students. Of these one hundred and ninety-five were first course students; two hundred and twenty-four were second course students, while the remaining seventy-three matriculates were attending their third or fourth course. One hundred and seventy-five matriculates have already signified their intention of competing for honors, and this percentage is a very gratifying one.

PREGNANCY AT ADVANCED AGE.—Dr. J. E. A. Ball, Biard, Texas (Medical Brief, November, 1881), reports the case of a negro woman who gave birth to a child at the age of sixty. The age of the mother was authenticated by the record of her birth, in possession of her former owner.

ORIGINAL CONTRIBUTIONS.

*PROGRESSIVE PARESIS OF THE INSANE.**The Participation of the Vaso-Motor System in its Etiology.*

BY EDWARD C. SPITZKA, M. D., NEW YORK.

Consulting Physician to the De Quincey Home. Member of the American Neurological Association. Pathologist of the New York Medical Legal Society. W. & S. Tukey Prize Essayist, etc.

The majority of those pathologists engaged in the study of morbid changes which are most frequently found in Dementia Paralytica, have through the frequent discovery of material and destructive lesions of the cerebral cortex been led to consider this disease as an essentially inflammatory or at least as a degenerative process. If the intrinsic factor of the morbid process underlying this disease were an inflammation, or a primary progressive histological deterioration, the evidences of these conditions, which are readily discovered and which would be unmistakable, ought to be found in the brain of every paretic who reaches the autopsy table. This, however, is not the case. Well authenticated instances are on record, where no morbid lesion was discoverable, and one of the most reliable investigators* in this field takes special occasion to mention the fact. In my own experience, one case has occurred in which I found nothing beyond the ordinary appearances presented by the brains of sane persons, excluding a single condition to be referred to, and which could be interpreted neither as a degenerative nor as a strictly inflammatory process.

Then again, if a degenerative or inflammatory process, or in short any profound tissue change were the fundamental lesion of this interesting disease, it should in its extensity and intensity, stand in a rather constant relation to the amount and character of the mental disturbance. This I have found to be so in all cases which had run a long course; but in several others which had terminated within two years from the date of the first manifestations, I failed to find any harmony between the extent and severity of the tissue lesions and the symptoms.

It was the consideration of this fact that led Poincaré and Bonnet to search in the sympathetic ganglionic system for those disturbances, which the brain refused to

reveal. That they mistook appearances occasionally occurring in health, for disease, and secondary processes, for primary lesions, does not detract from the value of the principle they were endeavoring to establish, though their observations as observations cannot be utilized to support it. It is more than probable that the vaso-motor system controlling the cerebral circulation is at least in part in the brain, and that its initial disturbances are as little tangible to the microscope as other disturbances of the same system are, in epilepsy for example.

The most furibund of the symptoms ever manifested by paretics, are: First: High maniacal explosions, with great destructive tendencies, and often with rapid flight of ideas. Second: Apoplecticiform attacks. Third: Epileptiform attacks.

The first of these symptoms, which is not at all as constant as is generally supposed, is found in its most perfect development in early periods of the disease. It appears as if the profound lesions ensuing in the later stages of the affection were inimical to its full development.

The second is found variably, more frequently and fatally in the last stages.

The third is also found variably and more frequently in the last stages of the disease, but occasionally convulsions are the very first evidences* of the latter. Each maniacal, apoplectic or epileptiform exacerbation, leaves the patient permanently more crippled than before, either in his motor or psychical field. Rarely, however, the contrary, a relatively complete restitutio ad integrum, takes place.

A patho-physiological theory of the disease must take into account, and harmonize all these facts. It must offer an explanation why the maniacal explosions are less perfect in the last than in earlier stages of the disease, why the most violent symptoms may occasionally open the clinical picture, why as a rule, each exacerbation leaves the patient worse as a rule, though a remission and temporary improvement is not out of the question.

The supposition of a strictly inflammatory process, is incompatible with the occasional appearance of epileptiform spasms

* Theo. Simon. Die Gehirnerweichung der Irren. Hamburg, 1871.

* A porter in a down town warehouse had been promoted to a higher position, greater labor of a mental character was thrown on him; in the midst of apparent health, having been slightly "worried," he was seized with a convulsion lasting several hours, with partial consciousness; later on these convulsions occurred in groups at intervals of a week, for some months, and eighteen months after (the convulsions having been absent for a year) he died with the "quiet type" of paralytic dementia.

as the first evidences of the disease, and not followed by those immediate sequelae which should follow such an inflammation. It is incompatible with the very rapid and relatively complete remission of the symptoms.

It is also known that certain of the injurious physical influences, provoking the disease, such as violence directly or indirectly affecting the cranium, and insolation as well as other forms of overheating, do not always act on the brain through the channel of a meningitis or other inflammatory process*.

All these facts can be harmonized by assuming the essential and primitive anomaly in the paretic's brain to be a vaso-motor disturbance. This assumption is in strict accordance with the observations made on the brain after death.

In every case, where the patient died in a maniacal attack, or shortly after such a one, or in an epileptiform state, or with apoplectiform symptoms, I constantly found the capillary emboli first described by Lubimoff as the expression of a blood stasis. That stasis I consider as the expression of a paralysis of the muscular coat of the blood vessels, overdilated by the efferent blood column, in itself an indication of hyperæmia.

A cortical hyperæmia would explain the expansive ideation, and the motor excitation; the arrest of the blood current through stasis, the subsequent congestive and comatose states. A sudden stasis, causing sudden arrest of the cortical functions would satisfactorily account for the epileptic manifestations.

A cortical hyperæmia, as a factor that may on the one hand vanish with the most violent storm sweeping over the mental plane, without leaving a permanent defect, and on the other hand in its repeated recurrence, determine those structural changes which account for the permanent symptoms of the disease, would also in its necessarily progressive severity, account for the progressive greater gravity of each exacerbation, and the final preponderance of symptoms of subtraction such as paralysis, lacunæ in the memory, aphasia and coma, over those of functional excitation, such as the destructive tendencies, constructive schemes, ambitious delusions and flight of ideas of the earlier periods.

As the disease progresses, and the resist-

ing tone of the vessels decreases more and more, stasis is found to occur not only in the exacerbations of the disease, but also in the intervals; here more restricted in extent and less pronounced, so that with a proper manipulation of histological specimens I am prepared to say, that no lesion will be found so constantly in the terminal periods of the disease, as the capillary thrombi resulting from stasis-like conditions.

Of course, with this explanation we are as much in the dark as ever as to the organic basis of the vaso-motor difficulty. As I have stated, this consists in a probably impalpable morbid state of the encephalic vaso-motor center. Such a morbid state, it requires no stretch of theories to consider inducible by mental overstrain, by the repeated hyperæmias of alcoholism, rheumatism and certain forms of syphilis, or by typhus fever, insolation, and the molecular disturbances determined by concussion, directly or indirectly involving the skull contents.

While the essential factor in the development of paralytic dementia would, in this light, be constituted by the vaso-motor difficulty, a direct influence of many of the causes known and supposed to provoke the disease on the cerebral tissues, need not be excluded. In fact, for some of the syphilitic forms and those cases for which I claim a multiple sclerosis as a cause, this seems to be the case, and we may yet be able to draw a line between those cases with which the vaso-motor anomalies are in the foreground, and those with which they are in the background. I would, however, say right here, that I have not yet found an essential difference, pathologically speaking, between the luetic and non-luetic forms of paresis. It is known that the fine criteria which Heubner tried to establish, concerning the syphilitic arterial change, have been shown to be faulty.

About three years ago I examined a paretic, an Irish laborer, who, while driving a truck over an embankment, was suddenly thrown over, alighting flat on his back. He was stunned and unconscious for eight hours, and speechless for three days, according to the account. It was difficult to elicit the character of this speechlessness. There was no scalp wound or other indication of a head injury. Three weeks after the injury he failed to return home to his work, and was brought home the following morning by a policeman. The day after, he

* In Arndt's cases (soldiers falling from overheating during a forced march) the majority showed a pale brain, without a visible morbid appearance.

had a "stroke," being unconscious for several days, and disturbed in his speech for several days after returning to his work. Whether he was hemiplegic or not at this time was not elicited. At intervals varying between two months and a year he had similar evidently apoplectiform attacks, and preceding the next but the last attack he had presented the only and that very doubtful evidences of delusions, and "wandered in his mind." I saw him four years after the injury, and eighteen months after he had become too feeble-minded to attend to his work. I found the patient a thin, gray haired man, aged about fifty. He was home alone, in a tenement house, and at first answered the simple questions put to him correctly. His demeanour was quiet, and he was remarkably reticent, great lacunæ were found in his memory, he was emotional and irritable, and presented all the physical signs of paralytic dementia to perfection, the emotional tremor, irregularity of the pupils, slight bilateral facial paresis, the characteristic gait and tremor. After an hour's conversation he broke down, as paretics generally do, answered yes and no at random to get rid of his interlocutors, became congested about the face, and I thought it best to interrupt the examination there. I ascertained from the son that he had never been destructive, except on one occasion, when he tried to build a bonfire in the middle of the room, and that was probably, as in most of these cases, done with no malicious intent. He had, two months before I saw him, become paralytic, and been seen by a professional friend in that condition, presenting marked dementia, more decided than when I saw him, and I learned that six months subsequently, the same condition recurred; at this time fatuity seemed to be complete. I saw the patient but once, to establish the diagnosis; he was a dispensary case, and I heard of him from time to time. As late as a year ago, he was still living at home, and the family had at no time thought of sending him to an asylum. He would have gone to work, and been permitted to go, had his son not feared a recurrence of the apoplectiform attacks, or that his dementia would lead him into trouble. Since then I have lost track of the patient.

In this case neither insolation, mental overstrain, syphilis, rheumatism, intemperate habits or sexual excess could be assigned as possible causes of the disease. The man had been perfectly healthy up to

the time when he received the concussion to the spine and possibly to the brain. I cannot, in view of his rapid recovery from the immediate symptoms following the injury, entertain the idea of a hæmorrhage, even meningeal in character, and the absence of evidences of atheromatous change and cardiac trouble, speaks conclusively against the supposition that by a series of slight hæmorrhages the peculiar parietic combination of paralytic dementia was to be explained. The paraparesis and the rapid recovery from this state as well as its subsequent recurrence can be explained on no other ground than the one that the patient was one of those cases of paralytic dementia in which the motor symptoms were in the foreground, and the delusional ones in the background, while the dementia and amnesia were in characteristic fulness.

How can such a case be explained otherwise, than on the basis of an origin in a sudden shock received by the vaso-motor system? The fit-like return of the worst symptoms appears incompatible with an explanation on the grounds of an inflammation, or of an original molecular change gradually intensified to a coarser lesion.

A careful study of certain cases of cerebro-spinal sclerosis, constituting connecting links between the typical disease and certain "chronic" types of paralytic dementia, may yet show that vaso-motor derangement plays a far more important rôle also in that disease than is generally imagined. I need but refer to the apoplectiform attacks encountered here, and which present many points of resemblance to those of genuine paralytic dementia.

When it is recollected that a large percentage of the cases of multiple sclerosis, is ascribed to concussion as a cause, by Erb and other authors, the attributing of the case of paralytic dementia above related, to the same cause, loses much of the exceptional, especially in view of the admitted potency of this cause, ascribed to it by Krafft-Ebing and others, to provoke paralytic as well as other forms of insanity.

30 E. 50th Street.

SENILE ECZEMA.—Dr. T. Roth (Memorabilien, XXVI, 5, 1881,) claims that carbolic acid given internally, is of value in the treatment of senile eczema. He gives it in pill form in one fifteenth of a grain doses four times a day. He has had five cases of recovery under its use.

CORRESPONDENCE.

NEW YORK LETTER—NEW YORK
MEDICAL SOCIETY—NEW YORK
PATHOLOGICAL SOCIETY—
CEREBRO-SPINAL
FEVER.

NEW YORK, Nov. 10, 1881.

At the annual meeting of the New York County Medical Society, October 22, 1881, the following officers were elected: Dr. F. A. Sturgis, President; Dr. W. Gill Wylie, Vice-President; Dr. Wesley M. Carpenter, Secretary; Assistant Secretary, Dr. P. Brynberg Porter; Treasurer, Dr. D. B. Douglas; Censors, Drs. David Webster, Daniel Lewis, A. Jacobi, E. F. Ward and E. B. Bronson. It cannot be said that the county society is progressing in as desirable a direction as might be wished, and many of the officers just elected, show that the policy of the County Medical Society is likely to be much more *laissez aller* than it has hitherto been.

The paretic Gosling who was pronounced sane through the combined influence of abject ignorance on the part of a jury, phenomenal rulings on the part of the court, two "experts" on the stand, and one behind the scenes, died in a private asylum near Philadelphia two months ago, verifying the prediction of the experts who pronounced his case one of paralytic dementia. An unprecedented piece of chicanery and impudence on the part of a notorious medical politician was of material assistance to the conspirators, who succeeded in defeating the true ends of justice. Offering his services to the attorneys of the family and no notice being taken of the communication, he posted the lawyer on the other side with reference to the cross-examination of the medical witness called by the family, and publicly boasted of the latter achievement. The Gosling case is now at rest, but who will recompense the relatives for the undeserved odium they have undergone, and punish the conspirators for their barefaced criminality?

NEW YORK PATHOLOGICAL SOCIETY.

A case that has recently attracted some attention was that of a New Yorker, who swallowed four ounces of oxalic acid, and from a strange circumlocution was taken to a station house and there allowed to die. The man was a New Yorker who was found suffering great agony in the Elysian fields,

Hoboken, New Jersey. The police took him to a station house and called a physician, who ordered him taken to a hospital as he was dying. The police quietly thrust the man back in the cell, and paid no attention to him. It appears that the police of Hoboken cannot send any one to the hospital unless by order of the city physician, who, in turn must have individual authority from the Common Council. Permission was asked for from the Mayor, who refused it on the ground that the dying man should be sent to New York where he belonged. An epidemic of plagiarism seems to have attacked certain dilettante physicians of New York. Dr. E. C. Mann, of Sunny Side, New York, at one time superintendent of the State Emigrant Insane Asylum, a position he was forced to resign on account of certain very unsavory scandals, has been openly charged with taking a large part of a late article on Opium Eating in the New York Medical Journal from a publication by Dr. Calkins. Dr. E. C. Mann is a very prolific writer, and the journals North and South and West have been flooded with productions from his pen. His literary industry has been something of a puzzle, but the present circumstance seems to throw a little light on the question. At a late meeting of the New York Pathological Society, Dr. J. Lewis Smith gave interesting statistics concerning the late epidemic of cerebro-spinal fever. He claimed that the severe discipline of the public schools acted as a predisposing influence in certain cases. During the epidemic mentioned, he had had under observation twenty-one cases. Of these there were under one year, one case; from one to three years, three cases; from three to five years, five cases; from ten to fifteen, two cases; over fifteen, four cases. Thirteen cases recovered, eight died. The highest temperature reached in those who recovered was 105° F. Two cases lay two months in bed. The doctor used bromide of potassium and ergot in the treatment, ice to the head and nucha, and cautiously of opium. It seems to be a matter of some doubt whether the cases over fifteen were really the epidemic form of cerebro-spinal meningitis. On the discussion of the facts presented by Dr. Smith, there seemed to be a general tendency to look on cerebro-spinal meningitis as a filth disease. There was some very dilettante neurology indulged in on this occasion, rather unworthy so erudite a society.

J.

REVIEWS.

ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS. By Henry M. Lyman, M. D. Wood's Library of Standard Medical Authors for September. New York: William Wood & Co, 1881; W. T. Keener, Chicago.

The scope of this work may be estimated by the following extract from the preface. The author says, "Into the following pages I have endeavored to distil all the excellences of the writers who have investigated the subject of Artificial Anæsthesia. The practiced expert will therefore everywhere recognize the quality of Perrin, of Snow, of Simpson, of Sansom, of Anstie, of Turnbull, of Kappeler, and of Rottenstein. To this fine ethereal essence I would fain have added something of substantial value, but the unyielding limits of the time within which my endeavors were necessarily restricted would permit of no such gratification." From this semi-apology the reader is led to expect First: That the book is largely a compendium, and Second: That the author's style is very grandiloquent; in neither of these expectations is he disappointed. Considered as a compendium the book is fairly complete; in point of fact the author can be congratulated on his success in making a readable book. The different anæsthetics are well discussed. The first portion of the work is devoted to the history of anæsthesia. The passage in the tenth novel of the fourth day of Boccaccio's Decameron in which the use of anæsthetics, administered per orem, for surgical purposes is clearly described, seems to have escaped Dr. Lyman's attention. The first ninety-seven pages of the book are devoted to the general subject of anæsthesia. The remainder of the book is devoted to anæsthetic substances and modes of anæsthesia. Among the most valuable portions of the book are those devoted to the consideration of the medico-legal relations of anæsthesia, which are dealt with in a concise, relatively comprehensive manner. There are forty-seven anæsthetic substances considered in this volume, beside the mode of procuring anæsthesia by rapid breathing and by electricity. In many respects this book is among the most valuable of those issued in the Library for this year. Although the style, as before stated, is rather grandiloquent, and the book is simply a compendium, yet it is interesting and valuable, giving, as it does, facts gathered from

many sources, within a brief compass. It is like the rest of the Library, fairly well issued. Many of the cuts have already done service elsewhere. The two on page 53 are evidently taken from a work on the subject of drowning. Were the work to be had singly, its purchase and perusal would not be an unremunerative procedure for the physician in ordinary practice and the average dentist.

A TREATISE ON FOOD AND DIETETICS Physiologically and Therapeutically Considered. By F. W. Pavy, M. D., F. R. S. Second Edition. Wood's Library of Standard Medical Authors for October. New York: William Wood and Co., 1881; W. T. Keener, Chicago.

The English edition of this book is well and favorably known as the only authority on food and dietetics in the language. The present work is an exact reproduction of the last English addition. The first English edition of this work was exhausted in less than a year, which shows how widely felt must have been the want of such a work. The introductory remarks on the dynamic relations of food are very philosophical and logical, but show too strongly the influence of prevalent materialistic theories to render them popular. The second chapter on the origination of food gives a much clearer idea of the subject than do many extended works on the subject. The various divisions of the work are as follows: The non-nitrogenized alimentary principles, the carbo-hydrates, the inorganic alimentary principles. Alimentary substances are then discussed under the following heads: Animal alimentary substances, foods sometimes but not ordinarily eaten, vegetable alimentary substances, beverages, condiments. The principles of dietetics are then very fully analyzed. The divisions of the book on "Practical Dietetics," "Diet of Infants," "Diet for Training," contain an immense amount of practical information couched in a clear concise style. The subject of therapeutic dietetics is perhaps the most valuable to the physician. In it any one will find ideas that will tide him over critical periods in the treatment of disease in which alimentation plays an important part. The book concludes by giving the dietaries of the various English hospitals. The style is clear and concise, and the book is very readable. The book certainly will be found by many physicians to be worth to them almost the en-

tire cost of Wood's Library for the year. It is as well issued as the rest of the library, and compares very favorably with the second English edition. The more of such books appear in the library the better, and the new departure announced by the firm in this respect should certainly add many subscribers, as it certainly will not add unduly to the number of medical men whose reputation depends on the fact that they have induced some unfortunate publisher to publish a worse than mediocre book.

A MANUAL OF PRACTICAL NORMAL HISTOLOGY. By T. Mitchell Pruden, M. D. Lecture on Normal Histology at Yale College, New Haven, Conn. New York: G. P. Putnam's Sons, 1881; W. T. Keener, Chicago.

This is a fairly well written textbook, well adapted to the use of the student just entering upon the study of histology. It contains an introduction and eighteen chapters, of which the first is devoted to "The Cell in General." The second to "Connective Tissue." The third to "Embryonal and Mucous Tissue, Fat Tissue and Reticular Connective Tissue." The fourth chapter takes up the subjects of Cartilage, Bone and Teeth. The fifth discusses Blood and Lymph. The sixth deals with Muscular Tissue. The seventh considers Nerve Tissue. The eighth discusses the Blood Vessels and Lymphatic Vessels. The ninth examines as to Lymph Nodes and the Spleen. The tenth deals with the Gastro-Intestinal Canal. The eleventh chapter is taken up with a discussion of the Submaxillary Glands and Liver. The twelfth, thirteenth and fourteenth chapters discuss the Supra-Renal Capsules, Thyroid Gland, Respiratory Apparatus and Kidney. The fifteenth chapter is devoted to the Generative Organs. The sixteenth chapter deals with the Central Nervous System. The seventeenth chapter takes up the Skin and its Adnexa, while the subject of the Eye is taken up in the eighteenth chapter, concluding the work. There is, perhaps, but too little attention paid to the subject of the deceptive appearances produced by reagents and bad instruments, especially in the part devoted to the nervous system. There are no illustrations, which, in some respects, is rather an advantage. For a first course student or any one just beginning the study of histology this book is likely to be of considerable value. It has been issued in very good style by the publishers.

BOOKS AND PAMPHLETS.

F. W. Pavy, M. D., F. R. S., London, England. *A Treatise on Foods and Dietetics, Physiologically and Therapeutically considered.* Second edition. Wood's Library of Standard Medical Authors for October. New York: William Wood & Co., 1881; W. T. Keener, Chicago.

Henry B. Baker, M. D., Lansing, Michigan. *Eighth Annual Report of the Secretary of the State Board of Health of the State of Michigan, for the Fiscal Year ending September 30, 1880.*

Professor M. Horwits, St. Petersburg, Russia. *Zur Lehre von der Kunstlichen Unterbrechung der Schwangerschaft (Kunstliche Frühgeburt und Kunstlicher Abortus), 1881.*

Dr. Bardenheuer, Cologne, Germany. *Die Drainirung der Peritonealhohle Chirurgische Studien nebst einem Bericht über Sieben Nierenex-tirpationen, 1881.*

Mrs. F. B. Williams, Chicago. *Sixteenth Annual Report of the Chicago Hospital for Women and Children, corner Paulina and West Adams Streets, for the year ending March 7, 1881.*

Christian Fenger, M. D., 120 West Indiana Street, Chicago. *Opening and Drainage of Cavities in the Lungs.* Extracted from the *American Journal of the Medical Sciences* for October, 1881.

G. Lane Taneyhill, M. D., Baltimore, Maryland. *Historical Sketch of the Medical Societies of Baltimore, Maryland, from 1830 to 1880.* Read before the Medical and Chirurgical Faculty of the State of Maryland, October 13, 1880, at its Celebration held in Honor of the Sesqui-Centennial Anniversary of the Founding of Baltimore. Reprinted from the *Transactions of the Faculty, 1881.*

Henry Smith, F. R. C. S., London, England. *A Practical Manual of the Treatment of Diseases of the Rectum.* First American from the Fourth English Edition. *Library of Medical Classics, No. 1, September 1, 1881.* New York: Bermingham and Company.

Berkeley Hill, London, England. *A Manual of Venereal Diseases for Students and Practitioners, being a Concise Description of Those Affections and of their Treatment.* Second Edition. *Library of Medical Classics, No. 3, October 1, 1881.* New York: Bermingham and Company.

A NEW SOURCE OF THYMOL.—Thymol (*Druggist, October 1881*) is found in considerable quantities in ajowan seeds (*Ptychoris ajowan*), which have long been used in India as a popular remedy for colic, atonic dyspepsia, and diarrhoea. It has been suggested by Mr. Christy that should the demand for thymol increase, a supply might readily be obtained by the cultivation of this plant.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from October 29, 1881, to November 12, 1881.

Magruder, D. L., Major and Surgeon, Medical Director, Dept. of the Missouri. Granted leave of absence for one month. S. O. 207, Dept. of the Missouri, Oct. 11, 1881.

Byrne, C. C., Major and Surgeon. Par. 2, F. O. 26, C. S., from these headquarters, relieving him from duty in this Dept., and directing him to proceed to his proper station, Benicia Barracks, California, is confirmed. S. O. 119, Dept. of Arizona, Oct. 17, 1881.

Hartsuff, A., Major and Surgeon. Granted leave of absence for one month, with permission to apply for an extension of nine months, and authority to visit Europe. S. O. 214, Dept. of the Missouri, Oct. 20, 1881.

Jaquett, G. P., Major and Surgeon. Granted leave of absence for one month. S. O. 231, A. G. O., Oct. 12, 1881.

Corson, J. K., Captain and Asst. Surgeon. Confirms telegraphic instructions of this date, directing him to report to the commanding officer Battalion Fourth Artillery at Fort Yuma, California. S. O. 114, Dept. of Arizona, Oct. 5, 1881.

Gardner, W. H., Captain and Asst. Surgeon. The leave of absence on Surgeon's certificate of disability, granted him in S. O. 133, June 18, 1881, from A. G. O., extended three months on Surgeon's certificate of disability. S. O. 239, A. G. O., Oct. 31, 1881.

Tremaine, W. S., Captain and Asst. Surgeon. The extension of his leave of absence on Surgeon's certificate of disability granted him in S. O. 112, May 16, 1881, from A. G. O., still further extended three months on Surgeon's certificate of disability. S. O. 238, A. G. O., Oct. 20, 1881.

Dickson, J. M., Captain and Asst. Surgeon. Granted leave of absence for four months. S. O. 232, A. G. O., Oct. 13, 1881.

Paulding, H. O., Captain and Asst. Surgeon. Relieved from duty in the Dept. of the East, and to report in person to the Commanding General Dept. of the Platte for assignment to duty. S. O. 240, A. G. O., Oct. 24, 1881.

Appel, D. M., Captain and Asst. Surgeon. Relieved from duty at Fort Supply, I. T., and assigned to duty at Fort Elliott, Texas. S. O., Dept. of the Missouri, October 4, 1881.

Brown, P. R., Captain and Asst. Surgeon. Relieved from duty in Dept. of the East, and to report in person to the Commanding General, Dept. of Texas, for assignment to duty. S. O. 240, C. S., A. G. O.

Kilbourne, H. S., Captain and Asst. Surgeon, Fort Porter, New York. Granted leave of absence for one month, with permission to apply for two months extension. S. O. 182, Dept. of the East, Oct. 11, 1881.

Adair, G. W., Captain and Asst. Surgeon. Upon relinquishing unexpired portion of his present leave of absence, relieved from duty in Dept. of the East, and to report in person to Commanding General, Dept. of Dakota, for assignment to duty. S. O. 230, A. G. O., Oct. 11, 1881.

Davis, W. B., First Lieutenant and Asst. Surgeon. Relieved from duty in Dept. of Dakota, to proceed to Richmond, Va., and on arrival, report by letter to the Surgeon General. S. O. 240, C. S., A. G. O.

Corbusier, W. H., Captain and Asst. Surgeon. Relieved from duty in the Dept. of the Platte, to proceed to New York City, and, on arrival, report by letter to the Surgeon General. S. O. 240, C. S., A. G. O.

King, Wm. S., Colonel and Surgeon. The extension of leave of absence on account of sickness, granted him in S. O. 105, May 7, 1881, from A. G. O., still further extended six months on account of sickness. S. O. 251, A. G. O., Nov. 7, 1881.

Hall, W. R., Captain and Asst. Surgeon. Granted leave of absence for one month. S. O. 224, Dept. of the Missouri, Nov. 2, 1881.

Gardner, E. F., Captain and Asst. Surgeon. Granted leave of absence for four months, with permission to apply for an extension of two months. S. O. 238, C. S., A. G. O.

UNITED STATES MARINE HOSPITAL SERVICE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, July 1, 1881, to September 30, 1881.

Bailhache, P. H., Surgeon. Detailed as member of Board to examine keepers and crews of Life Saving Stations, September 8, 1881.

To inspect the service at stations in Maine, New Hampshire and Massachusetts, Sept. 9, 1881.

Wyman, Walter, Surgeon. When relieved of special duty as medical officer Revenue Bark "Chase," to rejoin his station, via Washington, D. C., August 18, 1881.

Long, W. H., Surgeon. Detailed as chairman Board of Examiners, Sept. 12, 1881.

Granted leave of absence for twenty-four days, Sept. 24, 1881.

Purviance, George, Surgeon. Detailed as member Board of Examiners, Sept. 12, 1881.

Sawtelle, H. W., Surgeon. Detailed as recorder Board of Examiners, Sept. 12, 1881.

Godfrey, John, Passed Asst. Surgeon. To proceed to Pascagoula, Miss., as inspector, July 27, 1881.

Goldsborough, C. B., Passed Asst. Surgeon. To proceed to Havre de Grace, Md., as inspector, July 27, 1881.

Granted leave of absence for thirty days, Sept. 1, 1881.

Cooke, H. P., Assistant Surgeon. Granted leave of absence for thirty days, August 12, 1881.

Carter, H. R., Assistant Surgeon. Granted leave of absence for eight days, Sept. 24, 1881.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.

E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.

CHRISTIAN FENGER,
Surgery.

HENRY GRADLE,
Physiology, and Diseases of the Eye, Ear and Throat.

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VOL. IV. No. 11.

CHICAGO, DECEMBER 5, 1881.

\$2.00 A YEAR.

SMALL-POX seems to be sweeping over the country from the Atlantic coast westward to an extent not before observed during the past decade. Our reports indicate that almost every city and country village throughout the New England and middle States is infected, while from Chicago west the alarm is quite general, and particularly in the larger centers of population, which serve as distributive points for immigrants, a serious condition of affairs is threatened. The mild weather so far has been favorable, but with the coming months there is reason to apprehend more trouble still. Chicago, which serves as the distributing depot for the whole Northwest, has been, and will be, peculiarly exposed to the disturbing presence of this loathsome pestilence. Nearly four hundred thousand immigrants have landed in our city during the year 1881, and probably thirty per cent. of them are susceptible to the infection of small-pox. Indeed, the diffusion of the disease seems to be confined to lines of immigrant travel, and the localities where immigrants settle. There have been in the neighborhood of two thousand cases in Chicago this year, and almost entirely confined to this incoming class. It is exceedingly instructive to study the school statistics of this city and consider them in relation to the presence of this clearly preventable disease.

From the twenty-sixth annual report of our Board of Education it appears that the average daily membership of our public schools for the past five years is as follows: 1877, thirty-nine thousand four hundred and ninety-four; 1878, forty-one thousand five hundred and sixty-nine; 1879, forty-three thousand seven hundred and forty-one; 1880, forty-five thousand and seventy-six; 1881, fifty thousand; and yet such a cordon of iron has been drawn around these children by the protective power of vaccination, that only seven cases of small-pox have occurred among them during the years mentioned. Such a fact as this cannot be paralleled within our observation in the sanitary administration of any city of five hundred thousand inhabitants on the globe, and it should serve the double purpose of informing our citizens, both lay and professional, of the protective influence of vaccination, and of the energy and tremendous labor of the sanitary authority which controls this matter in our city. That Dr. De Wolf does not stamp out small-pox, while Europe seems to be pouring into his hands her unprotected thousands, is not strange; that he accomplishes so much is something to be grateful for.

But in this incursion of small-pox among our great inland populations there can be found a strong argument for the supervision by the general Government of the

maritime quarantine. "Small-pox epidemics in the interior appear to keep pace, *pari passu*, with the increase and decrease of immigration, and not until there is an efficient inspection and proper precautions enforced on the sea board can the disease be controlled inland."

The meeting of prominent sanitary officers in this city last summer for the purpose of considering this question, failed to meet it as it was hoped they would. The recommendation that inspectors should be placed at prominent points along the lines of immigrant travel, to remove and care for such cases as had developed, was all very proper; but pray, gentlemen, will you inform us how an immigrant receiving his infection on shipboard as he approaches New York, which infection is to appear in its full development fourteen days thereafter, is to be discovered as he journeys along by railroad toward this Western interior? As a matter of fact, this unprotected multitude does not exhibit its infection until it reaches its destination in the Northwest, or at some of the prominent halting stations where it pauses to recruit. The representatives of the National Board of Health, who were present, should have been satisfied with nothing less than the most positive declaration that it was the duty of the general Government to declare that all steamships or other immigrant vessels receiving emigrants in European ports for transportation to America, should require a certificate of recent vaccination from each person taking passage, and upon failure to so require, the vessel should be placed in quarantine for at least fourteen days on arriving. There must be a power residing in the general Government to ordain this, and if not in any statute book, there is the higher power and duty of self-preservation which should control the matter. This point was gently hinted at, to be sure, but it was not emphasized and insisted upon as it should have been, and the National Board of Health cannot busy itself in a more useful manner just now

than in perfecting this imperatively important and absolutely necessary measure.

The report comes to us as we go to press, that some of the borders of civilization in the far west, have quarantined against Chicago. Upon enquiry of the Commissioner of Health as to the fact, the doctor remarks: "The City of Chicago is too big and too wise and too generous to close her gates against any man or any body or class of men who want to come in. If the immigrant is unfortunate enough to have become infected with small-pox while en route to Chicago, he may be perfectly certain that Chicago will not quarantine against him, and he may be equally certain of two other facts: Chicago will not permit him to go on under any circumstances while suffering from this infection, and will well care for him. If states and territories beyond us regard this source of infection, that is, the immigrant source, as dangerous to them, and to overcome it propose to quarantine against Chicago, to which these immigrants come, and through which they pass, it is their business, and not ours."

MEDICAL EXPERTS.—This ever new question is constantly coming up in the United States, where from necessity any physician is liable to be called on to serve as an expert. The trial of the assassin of President Garfield brings up the question in all its complexity. Experts are regarded by the lawyers, and to some extent come to regard themselves as a species of advisory counsel, bound to give all opinions in favor of the side by which they are called, and paid. The disagreements among experts, while to some extent due to the influence already alluded to, is due in a much greater degree to the constant use by the lawyers of the "hypothetical case." To show the absurdity on which such cases are constructed by the lawyers, it must be remembered that many lawyers regard individual symptoms as pathognomonic, and are thus enabled to construct ideal cases which strengthen their view of

the case or weaken that of their opponents. The proverb about doctors disagreeing, although at first said about doctors of theology has now come to be regarded as applying exclusively to doctors of medicine, owing to the slight real, and enormous apparent, divergence of opinion displayed by them in testifying. In the Guiteau case an attempt was made by certain experts called by the prosecution, and certain experts called by the defence to meet together in conference on the case prior to giving evidence. To this proposal three experts for the prosecution refused to accede. They may have acted from conscientious motives; be that as it may, their minds were made up, and they believed no evidence could shake their opinion. The remaining experts met and discussed the subject in all its bearings. The result of such conferences cannot fail to react for good on future trials, and in some measure will no doubt tend to bring about that ideal time when experts will be officers of the court and not attorneys for any side. From the present manner of conducting trials in which medical experts testify, many disagreements of experts are almost inevitable. The expert for the plaintiff or sometimes the expert for the defendant hears but one-half the evidence, and is then placed on the stand to give opinion on testimony which perhaps is completed, or disproved by evidence, offered in rebuttal long after he has expressed an opinion. As a matter of justice to the expert, all non-expert testimony on either side should be given before a single expert is examined. A statute compelling this and a joint conference of all experts would do more to remove the evils of the expert system than any measures yet suggested.

DR. SKENE KEITH, of Edinburgh, Scotland, son of Mr. Thomas Keith, the great ovariectomist, is now in Brooklyn, Long Island, a guest of Dr. A. J. C. Skene. He will probably visit Chicago some time during the present month.

THE GERMAN translation of Emmet's Principles and Practice of Gynecology, second edition, illustrates the facility of the German for condensation. The book translated, is condensed into a volume of little more than one-half the size of the American and English editions.

AMERICAN CRITICS, BRITISH VICTIMS.—The British Medical Journal indulges in not a little pleasant sarcasm over the absurd censoriousness exhibited by many of the American members of the late International Medical Congress. One gentleman from St. Louis appears to have distinguished himself by "the collection of things which ought not to be and of tales out of school," for the regalement of the American medical public. Considering the cordiality with which the Americans were received, this censoriousness was not in good taste.

CLOSURE OF THE CORONARY ARTERIES has lately been produced experimentally by Professor Cohnheim (Virchow's Archiv, Band 85, Page 503,) in order to study its effect upon the heart. His starting point was the fact that he had observed repeated instances of sudden death, in which the post mortem revealed nothing morbid but sclerosis of the coronary arteries, with some narrowing of one or the other branch. Previous observers had found ligature of these arteries to produce death, but the record of the observations was not quite satisfactory. Cohnheim experimented upon the dog, in which each coronary branch is really a terminal artery. The animals were curarized, artificial respiration maintained, and the vessels, which have quite a superficial course, were ligated, after opening the chest. The effect was measured by inspection of the heart and observation of the blood pressure.

The ligation of a single large coronary branch produces no visible effect, within about the first minute. At the end of that time the pulsations show an irregular intermittence, become more frequent, while the

two sides of the heart cease to act with uniform rhythm. Pressure continues at its normal rate during this period. About one hundred and five seconds after the ligation of even one branch only, the blood pressure suddenly sinks to zero, and both ventricles cease their action with astonishing abruptness, while the auricles still continue to beat. The ventricles remain arrested in diastole for about ten or twenty seconds, whereupon their musculature enters into a state of irregular heaving or flickering motion without distinct beats. This activity of the ventricles has no effect upon the blood pressure, which does not rise again, for the paralysis of the ventricles is definite and irreparable. In less than a minute the irregular ventricular motion ceases, and the ventricular walls are found without excitability. The auricles may continue to act rhythmically for a few minutes.

The strange arrest of the ventricles occurs on both sides at the same moment, and cannot be removed by immediate removal of the ligature. If the coronary artery or one of its larger branches remains closed only until the first irregularity of action appears, the course of the experiment is not altered by immediate liberation of the vessel. Closure of the smaller coronary branches only, does not produce the result. A successful experiment is not prevented by paralyzing the vagus with atropine.

The explanation of these peculiar results is not easy. The cause is certainly not alone the absence of arterial blood. For on suffocating an animal the cardiac action is affected quite differently; it ceases slowly and gradually, and not in the abrupt manner of the previous experiment. Moreover the suffocated heart remains excitable for some time, and will recover when again supplied with arterialized blood. This latter result can never be obtained with a heart killed by coronary ligature. The deprivation of arterialized blood may be effected with greater abruptness by temporarily closing the pulmonary artery, but this produces none of the symptoms of

coronary ligature. Perhaps the strangest part of the observation is the fact that the anæmia of only a limited district, produced by ligature of only one arterial branch, paralyzes both ventricles, in the greater part of which the circulation has not been disturbed.

Cohnheim comes to the conclusion that during the activity of the anæmic musculature some product of the tissue-change accumulates, which proves poisonous to the heart muscle. As soon as a sufficient quantity of this unknown substance has been formed, its paralytic effects are suddenly manifested. Some proof of this view is afforded by the fact that the interval of time preceding the final stoppage of the heart, increases with the size of the ligatured branch. For the larger the anæmic district, the quicker the requisite quantity of the poisonous product is produced. The author tried also to learn whether retardation of the heart's work, through vagus activity, lengthened the time, which it did not, however, with any regularity. The fact that previous observers had not obtained identical results on rabbits Cohnheim explains by this argument: The feebler the heart, the less of the poisonous material will be produced by its slower tissue metamorphosis. Hence the want of success on the less resistant rabbit's heart, especially after the animal has undergone an enfeebling operation. The desired result can be obtained, however, in the rabbit, when the heart is still vigorous.

VACCINATION IN VARIOLA.—Dr. E. J. Moseley, Richmond, Virginia (Southern Clinic), reports a case in which vaccination performed on a variolous child after the eruptions had appeared, apparently modified the disease, converting it into a varioloid form from which the child rapidly recovered. A single case cannot be cited as positive proof, still, vaccination after the variolous eruption has appeared cannot have any bad effect, might possibly have very beneficial results.

VACCINATION.—Dr. P. G. Higgins (Medical Record, November 9, 1881) has recently performed thirteen hundred vaccinations, and in these no death occurred, and not a single case of erysipelas. Four hundred of the number were primary, among which were four cases of vaccinia. One was quite severe. Twenty were quite slow in healing, three of which gave considerable trouble. Of the nine hundred not primary, five hundred were secondary, of which number two hundred were successful upon the first attempt, and about one hundred upon revaccination. In the remaining cases vaccination had been successfully performed twice, or oftener, and of these all but twenty-five failed. A much larger number were followed by simple inflammatory sores that ran a short course and healed up in a few days; but no case was considered successful without the characteristic zone of redness surrounding the crust, and fading out imperceptibly.

FIXATION OF MOVABLE KIDNEYS.—Hahn (Centralblatt für Chirurgie, July 23, 1881,) has devised a substitute for nephrectomy, in case it would be indicated simply by reason of excessive mobility of the kidney. The operation, which has been twice performed, is as follows: The patient is placed on the side opposite to that of the affected organ, an incision is carried along the outer border of the corresponding sacro-lumbalis muscle from the lower border of the twelfth rib to the crest of the ilium, successively dividing the skin, the latissimus dorsi and the external layer of fascia enveloping the sacro-lumbalis. The sacro-lumbalis is then drawn toward the median line, after which the quadratus lumborum muscle, and the fibrous layer of the peritoneum are incised. It may be remembered that, according to Arnold, the kidney is not entirely extra-peritoneal, the anterior surface of the organ being covered by the serous layer, and the posterior surface by the fibrous layer of the peritoneum, so that an incision through the latter does not necessarily involve an open-

ing into the peritoneal cavity. Pressure is now exerted upon the anterior surface of the abdomen, so as to force the kidney into the wound, to which it is attached by eight or ten catgut sutures, after which the whole wound is plugged with carbolized gauze. There was in these two cases no reaction; the first dressing was only removed on the fifth day, the subsequent ones at corresponding intervals. In about four weeks the wounds were almost entirely healed, and the kidneys were found firmly fixed in their new location. In both cases, however, a slight degree of mobility could be detected at a somewhat later period. It would seem advisable, therefore, to strip off the adipose capsule from the posterior surface of the kidney and then to stitch this part of the capsule into the wound; it would also be preferable to fix the kidney as low down as possible, in order to give the organ a firm support, and to prevent any tension upon the seat of fixation during the upright posture. Experience teaches that a dislocated kidney creates no disturbance, no matter how low it is placed, so long as it is firmly secured in its new location.

DETACHMENT OF RIGHT ARM AND SCAPULA from the body is reported by Dr. J. Ellis-Jones, Abersoch, North Wales (London Lancet, August 20, 1881), to have occurred in the case of a miner, aged seventeen, from his being entangled in an iron rod revolving on its own axis. The patient perfectly recovered under antiseptic dressings, and constitutional treatment. The outer two thirds of the clavicle were sawn off, and the flaps brought together. Recovery under such circumstances is rare.

COCA IN ASTHMA.—A letter in the Medical and Surgical Reporter, October 8, 1881, reports very good results from the use of teaspoonful doses of the fluid extract of Erythroxolon coca, in asthma. That the remedy should prove of value in this affection is not surprising when its reported ability to breathe rarefied air, is recollected.

TREATMENT OF SIMPLE HYDROCELE.—Dr. Rol (Medical and Surgical Reporter, October 29, 1881), claims a good result from the following method of treatment of simple hydrocele: The hydrocele is punctured with canula and trocar, as usual, and evacuated; through the canula is introduced a sound, on the end of which is fused a little piece of nitrate of silver; the interior of the tunica vaginalis is then rapidly touched at different points with this caustic, when the sound, and after it the canula, are withdrawn. Notwithstanding the occurrence of a sharp inflammation, lasting five or six days, a cure is generally obtained, not by adhesion of the two surfaces of the tunica vaginalis, but by a simple vital modification of that membrane. The return of the effusion is rare. Defer's operation as thus described, is perfectly safe, thoroughly efficacious, and easily performed.

NERVE SUTURE.—Falkenheim (Centralblatt für Chirurgie, August 20, 1881) believes that many recorded cases of primary union with rapid restoration of nervous function after coaptation and suture of the divided extremities of nerves are unreliable, the reporters having neglected to take into account the so-called supplementary mobility and motility of Létievant. Most parts of the body are supplied with muscles which generally act as auxiliaries only to other muscles, but in the event of the latter becoming disabled, are fully capable of replacing their functions. An illustration is afforded by the muscles of respiration. The same is the case with sensory nerves.

In a large number of animals, Falkenheim divided the sciatic or the pneumogastric nerve with a pair of sharp scissors, and reunited the divided extremities either with very fine catgut or silk sutures, using a fine lance-shaped needle, the cutting edge being passed in a direction parallel to the course of the nerve-fibres. The wounds, after cleansing, were closed with catgut sutures. In some cases the nerves united directly, in others indirectly; in none was any inflam-

matory reaction observed. After the lapse of forty-eight hours the motility and sensibility of the operated limb were tested, and at the end of one or two weeks the nerve was exposed at the seat of operation and examined as to its functional power below and above the cicatrix. But in not a single instance was there a restoration of conductivity observed. Despite these negative results, Falkenheim believes that Gluck's observations warrant him in assuming the occasional immediate restoration of conductivity after division of a nerve. Reparation is, without doubt, hastened by suture of the divided ends. If accurate coaptation can be secured by introducing the stitches through the paraneurotic tissue, this procedure alone should be adopted. In case, however, the perineurium tissue has been extensively divided, or if considerable tension be present, the sutures may be passed directly through the nervous tissue, using very fine catgut as material, and passing the needle so that its cutting edge shall lie parallel with the course of the nerve-fibres. If these precautions be followed, only insignificant symptoms of irritation, or none at all will result.

INTERNATIONAL PHARMACOPŒIA.—As the result of an exchange of views (Medical and Surgical Reporter, October 29, 1881), a committee was appointed by the late International Medical Congress, "to coöperate with a committee appointed by the International Pharmaceutical Congress to prepare a compilation in which the strength of all potent drugs and their preparations is equalized." The following are the names of this committee as far as provisionally chosen: Great Britain, Drs. Fraser and Lauder Brunton; France, Drs. Dujardin-Beaumetz and Vulpian; Germany, Drs. Rossbach and Eulenburg; Austria, Dr. Schroff; Russia, Professors Botkin and Dogiel; Holland, Drs. Stockvis and Fokker; Switzerland, Dr. Prevost; and the United States, Drs. H. C. Wood, of Philadelphia, and Austin Flint, New York City.

TREATMENT OF OLD HERNIAS.—M. Thiry (Bulletin de l'Académie Royale de Médecine de Belgique), in a paper before the Royal Belgian Academy of Medicine, comes to the following conclusions: First: Old hernias of large extent, are susceptible of reduction in most cases. Second: The large volume of a hernia is not a contraindication to its reduction, although it necessitates the adoption of precautions, and requires considerable time. Third: The diminution in the capacity of the abdominal cavity, in old hernias, is not antagonistic to a slow, methodical, and progressive taxis. Fourth: By slowly re-entering the abdominal cavity, the extended parts gradually resume their former places. Fifth: The best method of reduction is the "compression taxis," which consists in restoring organs to their natural position after they have been relieved, by pressure, of any vascular engorgement. Those organs which effected an exit last should be first replaced. Sixth: In this variety of hernia, an elastic truss, adapted to the gradually decreasing size of the tumor, should be attached to an abdominal belt. Seventh: When the hernia has been completely reduced, the projecting knob of the truss, with properly shaped convexity, should penetrate the ring and adapt itself to its dimensions.

OIL OF TANSY ERUPTION.—Dr. G. L. Porter, Bridgeport, Connecticut (New England Medical Journal, October 15, 1881), reports an eruption caused by the ingestion of a drachm and a half of oil of tansy for abortifacient purposes, which markedly resembled variola. From the fact that there was a remote possibility of the patient having been exposed to small-pox infection, it was thought possible that this disease was the cause of the eruption. The premonitory symptoms, clonic convulsions and the course of the eruption was against this theory. The matter was finally set at rest by the confession of the patient. The dose is one of the largest non fatal doses of oil of tansy on record.

CHLOROFORM IN STRAMONIUM POISONING.—Dr. E. Ranson, Tarauki, New Zealand (London Lancet, August 20, 1881), reports the case of a family who had partaken of stramonium leaves for boiled greens. All recovered without injury except one boy aged eight, who became markedly delirious. The usual remedies were resorted to without effect. At last chloroform inhalations were used, whereupon the boy sank into a quiet slumber on awaking from which he had fully recovered. The use of similar inhalations would seem likely to be of much value in cases of belladonna poisoning.

EXTIRPATION OF THE LARYNX.—Dr. Ceccherelli (Lyon Médical) gives the following statistics respecting total or partial extirpation of the larynx: The operations thus far recorded, according to Dr. Ceccherelli have been thirty, of which twenty-five were total, and five cases of partial resection of the larynx. The operation was performed eighteen times for carcinoma, and in the other twelve cases the nature of lesion was either not malignant or not recognized. Cure is said to have been obtained in twenty out of the thirty cases, and in one case the result obtained was unknown. Ten cases succumbed later with symptoms of relapse. The final result was therefore ten cases of cure or prolongation of life, and one doubtful case. Ceccherelli concludes: First: That extirpation of the larynx deserves a place in surgical therapeutics. Second: That it is best carried out by the thermo-cautery. Third: That this should be reserved for cases in which the lesion is too diffuse to be attacked by the knife. Fourth: Ordinarily malignant tumors do not yield good results with the operation, but Fifth: It is admissible in carcinoma, though only when it is limited and when the disease is not soft cancer, and has not yet produced general inflammation. While many of these conclusions are interesting and valuable, the last cited is certainly rather vague and unsatisfactory.

PLURAL BIRTHS.—Dr. George A. Wright, Halesboro, Texas, (Medical Brief, November, 1881,) reports the following instance of the apparent influence of heredity in plural births: An old lady living near him is a triplet; the other two being boys, of whom one lived to raise a family, and the other until nearly grown. They had two sisters twins, their mother having given birth to eighteen children. One daughter of the old lady already referred to, has given birth to triplets twice; two of the first set are still living, and two of the second set lived three weeks, their mother having died eclamptic. Another daughter gave birth to two pairs of twins, and still another daughter to one pair. One daughter of the male triplet has one pair of twins, and two nieces of his having given birth to a pair of twins each. This history seems to be in very many respects unexampled.

PHYSICIANS' OFFICE BOYS.—A local journal makes the following somewhat appropriate comments on this subject. "A physician ought to be especially careful in the selection of an office boy. This servant should not be dressed in black, for that would be too suggestive, but in garments of neutral tints, the symbol of uncertainty. He ought not to be the possessor of a cadaverous visage, lest he give the impression that those who enter the doctor's office must abandon hope. Neither should he be florid and rotund, as though sickness was not a serious thing. He should occupy the golden mean between the gay and the grave. He ought not, moreover, to be excessively truthful, lest he injure the practice of his employer. A stranger who had sudden illness at home once asked a physician's office boy: "Is the doctor in?" "No, sir," was the quick reply. "Tell me, has the doctor a great many patients?" The servant became pale, but slowly and solemnly replied: "Not many living, sir." The stranger turned sadly away." This servant must have been a miracle of veracity rarely found in these degenerate days.

PUERPERAL INFECTION IN THE MALE.—During (Centralblatt für Gynäkologie, August 6, 1881,) a severe epidemic of puerperal fever in Pollenza, a woman in childbed was attacked by a fever. A few days after the last paroxysm, when the patient felt perfectly well, her husband attempted to have sexual intercourse with her, but intense pain in the frenulum compelled him to desist. He stated that he was sure something must have been torn at the time, but had not noticed any bleeding. In a short while the pain subsided. Twenty-four hours later, however, a chill occurred, followed by fever, with remission of all the symptoms on the following morning. In the evening the chill and fever recurred. On the third day, the right inguinal glands became swollen. The fourth day, Lapponi diagnosed erysipelas of the skin of the penis, lymphangitis, and lymphadenitis. The erysipelatous inflammation continued to spread and the skin became gangrenous at several points. On the sixth day the patient died with septicæmia. Although not able to discover any laceration, Lapponi still assumes that the point of infection was a slight tear of the frenulum, which the patient suffered during the unsuccessful attempt at sexual intercourse.

SPERMATOPHOBIA.—The Alienist and Neurologist, October, 1881, makes the following remarks concerning spermatophobia, which are certainly worthy of commendation, apropos of Dr. S. W. Gross' book on "Disorders of the Male Sexual Organs." "It is singular that one should write a book on disorders of the procreative organs in man, and have to confess that he has seen but one case of psychical impotency." The majority of cases of what is commonly called spermatorrhœa, might with much more propriety be called spermatophobia, and the response to treatment in such cases will almost invariably be found to be proportionate to the faith of the patient in the physician and mode of cure, without reference to the character of the treatment.

ERRONEOUS DIAGNOSIS.—A curious erroneous diagnosis was recently made in this city. A physician mistook a case of confluent small-pox for typhoid. It would be of interest to know on what symptoms this erroneous diagnosis was based.

QUININE TONIC.—The following is a formula largely used in the department of Public Charities and Corrections of New York City as a means of administering quinine: Sulphate of quinine, thirty grains; dilute sulphuric acid, sufficient; tincture of perchloride of iron, half an ounce; spirits of chloroform, six drachms; water, two ounces; glycerine enough to make four ounces of this mixture. The dose of the mixture is a teaspoonful.

PILOCARPIA IN GLAUCOMA.—Sziklai (Wiener Medicinische Wochenschrift, August 27, 1881,) reports a case of glaucoma which was cured by sclerotomy and a single dose of muriate of pilocarpia. Owing to a mistake of the apothecary who put up the prescription, the patient received a hypodermic injection of three grains of muriate of pilocarpine. The patient was much prostrated by the excessive diaphoresis and sialorrhoea thus produced, but on the morning following markedly improved and could see well.

ALBUMINURIA IN THROAT DISEASES.—Dr. Laur (Revue Médicale, October 22, 1881) comes to the following conclusions respecting the temporary albuminuria of throat diseases: First: Albuminuria may result from repeated rheumatic angina. Second: It may also occur from certain non-diathetic anginas. Third: It may become the point of origin of persistent nephritis. While these statements may well be criticised as containing only rather trite matters, still the facts mentioned are often ignored, as well as their explanation that almost any disease of sufficient severity may lead to albuminuria through influencing the renal blood pressure by its immediate action on the heart.

INFECTIOUS NEPHRITIS.—Bouchard (Journal de Médecine et de Chirurgie, October, 1881,) claims that there are two varieties of albuminuria following the various infectious diseases. Sometimes this albuminuria is what Bouchard designates rather peculiarly as "traumatic." Sometimes it is the direct result of an infectious nephritis; the latter may be accompanied with uræmic manifestations, and upon autopsy the usual lesions of nephritis are to be found. The infectious material is then present in the albumen in like manner as in the blood or fluids pathologically produced. The urine in this case may become an agent for the transmission of infectious diseases. It is obvious that the form that Bouchard calls traumatic is due to the interference with the blood pressure in the kidney, produced by the action of the infection on the heart, while the second variety is due to the action of the disease on the kidney itself.

VALERIAN IN DIABETES.—Dr. R. Prior, of Brux, cites a case (Lancet) of diabetes insipidus which was successfully treated with valerian and zinc. The patient, a man aged sixty-eight, was passing ten pints of water daily, and suffering from the usual accompanying disturbances. He was put upon valerianate of zinc, two grains, and compound tincture of valerian a drachm and a half. This was gradually increased to twelve grains three times a day, of the valerianate, and two drachms three times a day of the simple tincture. In the course of two months the bad symptoms had entirely disappeared, and six months later he was still well.

MORPHIA OIL.—The Committee of Revision of the French Codex (Philadelphia Medical Times, November 19, 1881), have adopted the following formula for morphia oil: Morphia, one part, oleic acid, nine parts; sweet oil of almonds, nine hundred and ninety parts. Dissolve the alkaloid in the oleic acid by heating them in a glass tube; filter; add the oil of almonds. Atropia oil may be made in the same manner.

MEDICAL PHILOLOGY.—The Medical Record seems determined to reform the English language, as witness the following: "The late Dr. Edward T. Dale, of Texarkana, died suddenly at Little Rock, September 19." Exactly what the Record means by "late" in this case is not clear.

MENTAL FACTORS IN CATCHING COLD.—The Lancet, August 27, 1881, calls attention to the fact that very many people who catch cold are those most fearful of doing so. If attention be directed away from the danger of catching cold, the chances of so doing are relatively slight. There is but little doubt that the mental factor is a very potent influence in the production of most acute affections not even excluding the infectious diseases and this explains the relative immunity of physicians from many of the infectious diseases.

DIGITALIS.—Dr. E. T. Tibbits, in a recent number of the London Lancet, claims that digitalis is not a cardiac stimulant, because: "First: Experiments prove as much its sedative action as any other, and so far as I can make out, it is probably accidental whether, after poisonous doses, the heart is arrested in systole or diastole. Even supposing the stoppage took place in systole, that is only the condition said to be present in any form of fatal syncope. Second: In small doses, though arterial tension is at first increased, this soon gives way to lowered vascular tension. Third: Like many other narcotico-acrid poisons, it produces dilatation of the pupil. Fourth: Its action, as shown by clinical experience, is in many ways like that of such depressants as aconite, lobelia, tobacco, etc. Fifth: It is of great value in cardiac hypertrophy, being second only to aconite. Sixth: Its diuretic action is probably due to dilatation rather than contraction of the small blood-vessels. The truth of these reasons, especially of the fifth, has by no means been established, and the second is certainly not of any value against the theory of digitalis being a stimulant.

VESICAL PERFORATION BY OVARIAN DERMOID CYSTS.—Injuries and pathological changes in the cyst-wall sometimes give rise to perforation of the bladder by ovarian tumors, in which case a favorable result is usually the case. Dermoid cysts of the ovary, by reason of the tendency to suppuration, are especially apt to perforate the neighboring organs; and since such cysts have not as yet been discovered in the walls of the bladder, perforation of this viscus by a dermoid cyst may be diagnosed whenever hairs and teeth are evacuated through the urethra. Waelle (Centralblatt für Gynäkologie, August 20, 1881,) adds another to the list of such cases. The patient had suffered during five years from dysuria, hæmaturia and gravel. On exploration of the bladder a foreign body was detected, which proved to be a tooth. Disinfectant irrigations were ordered, but the patient died with symptoms of acute diffuse peritonitis. At the autopsy a dermoid cyst, the size of a hen's egg, containing a second tooth, was found adherent to the posterior wall of the bladder, there being a distinct communication between the two cavities.

PERIODICITY IN FILIARIAL MIGRATION.—Dr. S. Mackenzie (Lancet, August 27 1881,) reports the case of a patient suffering from hæmato-chyluria, whose blood and urine contain the human blood filariæ in large numbers. In the daytime the patient's blood is free from filariæ, but at night contains numerous specimens of the nematoides which are in a very active condition. The filariæ in the blood of this patient are identical with those found in the filariæ from the Chinese mosquito sent from Australia by Dr. Bancroft.

DR. ROSWELL PARK, of this city, recently performed excision of the hip joint in a case of morbus coxarius, and in thirty-eight days the patient was up and around on crutches; four days earlier than in Dr. Fenger's case of hip joint excision, mentioned last year in the Review.

AURAL EXOSTOSIS OF THE MOUND BUILDERS.—Dr. Knapp recently related the result of an examination of two hundred and fifty skulls of the mound builders; he found exostosis in forty-four cases. The condition, he believes, was due to the habit of this race, of carrying foreign bodies in the meatus auditorius.

ECTHYMA IN VARIOLA.—Dr. Du Castel (*Revue Médicale*, October 22, 1881,) calls attention to the fact that certain cases of variola are attacked by ecthyma, which at times is developed at the time of suppuration of the variola, is then followed by fever and delirium, and leads to death. If it occurred during convalescence the fever was less severe. Similar phenomena were noticed during an epidemic in the Riverside Hospital, New York, by Dr. Frank W. Chapin, and the patients thus attacked by ecthyma, as a rule, died, death being preceded by fever and delirium.

ACONITE POISONING.—Dr. E. T. Reichert (*Philadelphia Medical Times*, November 19, 1881,) gives an analysis of the treatment of forty-one cases of aconite poisoning. Evacuation of the stomach, the administration of large doses of stimulants and the use of external stimuli was the system of treatment pursued in the majority of cases. Opium and its preparations were used in four cases, all of which terminated favorably. In one case five and a half drachms of laudanum were administered in four hours without causing narcotism. Digitalis was administered in two cases in connection with other stimulants. One died and one recovered. The latter who had taken an ounce of Fleming's tincture of aconite, received three hypodermic injections each of twenty minims of tincture of digitalis, within an hour. Amyl nitrite was used with very marked results in one case, and certainly deserves an extended trial in aconite poisoning, as it is a marked cardiac stimulant. Tincture of nux vomica was used in one case with marked benefit to the heart and respiration.

ENDOMETRITIS.—Dr. Karl Ruge (*Zeitschrift für Geburtshülfe und Gynäkologie*) distinguishes three forms of endometritis, the interstitial, the glandular, and the mixed form. The interstitial form is characterized by general thickening and softening of the uterine mucous membrane, due to the infiltration of the tissue; the vessels are enlarged and tortuous, the glands unaffected. The glandular form is marked by increase in the gland tissue; the glands are widened, and diverticula branch from them in all directions; the membrane looks sieve-like, and is generally very oedematous. In the mixed form these changes may either be combined, or they may be found quite separate and distinct at different portions of the uterus. The interstitial form histologically approaches sarcoma; the glandular form is allied to adenoma. The interstitial form may occur at any age; the glandular form is more common in the later years of sexual life. Child bearing appears to be a predisposing cause for each kind of endometritis; twenty-three cases examined by Dr. Ruge averaged six children each.

PHLEGMONOUS ERYSIPELAS.—Dr. W. Thackeray, Philadelphia (*Therapeutic Gazette*, August, 1881), claims that phlegmonous erysipelas has proved, under his observations, to be very tractable. His method of treatment is so simple that it raises a question as to possible errors in diagnosis. He keeps the parts affected well covered by cloths steeped in a saturated solution of sodium chloride, and administers internally a refrigerant of magnesium citrate prepared extemporaneously from magnesium sulphate and lemon juice. As an adjuvant, at least, no objection could be made to this method of treatment of cases of phlegmonous erysipelas.

NEW CAUSE OF DEATH.—The Medical and Surgical Reporter cites the verdict of a local coroner's jury, which reads thus: "The deceased came to his death by excessive drinking, producing apoplexy in the minds of the jury."

PRESCRIPTION FORGERY.—A curious question in medical jurisprudence has been raised in Berlin. A young woman who is a confirmed opium eater, for the purpose of obtaining a supply of morphine, copied a prescription from a medical book and signed the name of a prominent German physician to it. The question now to be determined by the courts is whether the act of copying and signing the prescription constitutes the crime of forgery, for which she has been arraigned.

PSORIASIS FROM BORAX.—Dr. W. R. Gowers (*Lancet*, September 24, 1881,) reports several cases of epileptics who, while under treatment by borax, had attacks of psoriasis which, in most cases, disappeared under the use of arsenic. The eruption occurred on the trunk, legs, but mostly on the arms. The face was free. With the exception of not being so thick, the scales were quite characteristic of psoriasis. It is obvious that the neuropathic diathesis of the patient attacked played an important part as a predisposing cause of the eruption.

STRYCHNINE AND ERGOT.—Dr. Etienne Evetzky (*New York Medical Journal and Obstetrical Review*, November, 1881), makes the following rather startling statement: "Strychnine acts on the system in a manner most nearly allied to ergot. Both act similarly upon the motor centres of the cord, the cardiac inhibitory, the vaso-motor and all other motor centres of the organic muscular tissue. Therapeutically it is simply a question of habit, in some cases, which of the two drugs shall be prescribed. But the main feature of strychnine is its action on the spinal motor centres of the voluntary muscular tissue, which are affected by ergot to a much lesser degree." If this claim be correct, then certain recent experiments on strychnine and many old therapeutical opinions on the action of this agent are incorrect. It is, however, probable that Dr. Evetzky has been misled by his desire to draw analogies.

CHLORIDE OF ZINC IN HYDROCELE.—Impressed by the favorable results obtained in the treatment of sebaceous cysts with injections of chloride of zinc, Borck (*Medical Record*) employed this procedure in a case of hydrocele of the spermatic cord, which he had previously tapped several times without permanent benefit. A few drops of a five per cent. solution were injected by means of a hypodermic syringe. This caused slight smarting, which lasted but a few minutes. The patient was kept in bed during the succeeding twenty-four hours. For a few days there was moderate sensitiveness on pressure over the hydrocele, but both swelling and pain rapidly subsided, and by the twelfth day the patient was thoroughly well. Similar attempts are likely to have results of equal value.

PNEUMONIA FROM A TOOTH in the bronchus is reported by Dr. T. R. Chambers, East Orange, New Jersey, (*Medical Record*, November 19, 1881). The patient had had thirteen teeth extracted at one sitting and fainted soon after the use of the nitrous oxide gas was suspended. She was then seized by severe epigastric pain, urgent dyspnoea, cough and nausea. Six days subsequently, while suffering from pneumonia she coughed up a second molar tooth. The acute symptoms of pneumonia began to subside, and within a month the patient was well. This case should lead to caution on the part of dentists.

RUPTURE OF THE DUODENUM.—The following unique case is reported by Mr. William Walker in the *Lancet*: The patient, a young man of nineteen, while in a stupid condition from intoxication, fell off the shaft of a cart he was driving, and the wheel passed over his abdomen. He showed no notable bruise externally, and was feeling comfortable until the next afternoon, when he gave evidence of peritonitis and soon died. The autopsy showed the duodenum to be cut entirely across.

LOCAL.

DR. T. DAVIS FITCH.

We are glad to announce that Dr. Fitch is now able to resume his practice. His office hours will be from ten A. M. until two P. M., at his residence, 296 West Monroe Street. Dr. Fitch has associated with him Dr. Byron W. Griffin, who assisted him in his clinical work and private practice for a long time prior to his sickness.

CHICAGO ELECTRICAL SOCIETY.

At the regular monthly meeting of this society, held November 21, Dr. Gradle delivered a lecture on "Illusions of the Senses," illustrated by many experiments. The speaker showed conclusively that what we suppose we see we do not always see, and what we imagine we hear we do not always hear. The lecture was not discussed. After tendering a vote of thanks to the lecturer, the society adjourned.

MICHAEL REESE HOSPITAL.

The first operation at this hospital was performed on November 6, by Drs. Gradle and Schmidt. The case was one of locomotor ataxia, somewhat anomalous in character, with atrophy of both optic nerves and complete blindness of one eye. The sciatic nerves were stretched. One was found to be markedly atrophied, the other nearly normal. When the latter nerve was about to be stretched, the patient awoke from the narcosis and was conscious during the operation, but suffered very little. Strict antiseptic precautions were observed. The wounds healed by first intention. As yet the results of the operation are very slight; this was expected, as the effect desired was only to arrest the blindness.

CHICAGO MEDICAL SOCIETY.

Dr. Mary H. Thompson read before this society on November 21, a paper entitled "What are the Predisposing Causes of the Alcohol and Opium Habits?" in which she enumerated the causes which lead to the formation of such habits, and expressed herself as opposed to the prescribing of

alcohol or opium on account of the danger that, by the use of these agents as medicines, the patients might become so habituated to their employment as to continue their use after they were no longer required as medicines. In the succeeding discussion of the paper, Dr. Engert said she expected to hear more about the causes; that she considered the habit to be dependent on the habit of life; lack of proper food; dyspepsia, etc.; and claimed that wine or diluted whisky never do harm in the case of patients very low from disease. Drs. Millard and Allport made remarks in general commendatory of the paper. Dr. Avery was anxious to find some substitute for alcohol and opium. Dr. E. Ingals stated that he had used both opium and alcohol freely and had not seen in a single case, of the opium or alcohol habit result from its employment. Dr. Thompson in closing said that she had written the paper to provoke discussion. As will be seen from what has preceded this, she was not disappointed.

Dr. W. H. Curtis now presented an elaborate paper on "The Disposal of the Dead," in which he reviewed at some length methods, both ancient and modern, for the interment, embalming, cremation, etc., of dead bodies; criticised and denounced interment as being unhealthy, disgusting, and a useless pollution of earth and air. He advised most strenuously cremation, as being more natural, healthful, and in every way more desirable. Two objections had been raised which were natural: First, That in cases of death from foul play, poisoning and the like, the ends of justice would be defeated. This objection the essayist answered by stating that according to the most reliable statistics not one body in one million was exhumed. The second rational objection was the expense. This, Dr. Curtis said, would not be excessive. The crematory would cost from three to five thousand dollars; the fuel necessary to heat the furnace and incinerate the body fifteen dollars, and the fuel actually used

during cremation, seventy-five cents. The cremation is not attended with odor or smoke. Popular opinion alone can bring cremation into general use. Sickly sentimentality alone upholds burial of the dead.

Dr. Roswell Park exhibited to the society a piece of soft pine wood two and one half inches long and one half inch square, which he extracted from the superior maxilla and zygomatic fossa of a boy fifteen years of age. Fifteen months previous to the operation the boy, while feeding a circular saw, was struck by this piece of wood, which imbedded itself so that its posterior end lay in front of the temporo-maxillary articulation, and perforated the outer wall of the orbit, and the anterior end was concealed behind the malar bone and the floor of the orbit. The boy at the time of Dr. Park's statement, five days after the operation was progressing well toward recovery. After making the discussion of Dr. Curtis' paper the first order of business for the next meeting, the society adjourned.

STATE MICROSCOPICAL SOCIETY.

The semi-annual meeting was held on Friday evening October 28, the President, Dr. Curtis, in the chair. The usual routine business was transacted, after which Dr. Mercer described and exhibited a camera lucida, by Nachet, of Paris, which differs considerably from those usually met in this country. It is a square prism with its ends cut at an angle of about forty-five degrees. It is so mounted that one end is directly over the eye lens of the ocular, and this end is provided with a smaller ninety degree prism, so mounted that the pencil of rays from the ocular passes directly upward to the eye without suffering any change of direction. The two forty-five degree faces of the prism serve to reflect an image of the pencil to the eye of the observer, thus reversing the performance of the ordinary camera, which changes the direction of the rays from the object under examination. Dr. Mercer thought the apparatus had some qualities which entitled it to consideration, the ease with which it could be used by

an inexperienced person being a strong recommendation. In reply to Mr. Bullock, he stated that it could be used with as high as a two-thirds inch ocular, possibly with one of still higher power. The cost of the apparatus was stated to be fourteen francs.

Dr. Johnson exhibited a high-angled one-eighth objective, made by Powell & Leland, of London. Its balsam angle was one hundred and forty degrees, and its makers claimed that it would resolve amphipleura pellucida into beads. It had a good working distance, and, although an oil immersion, could be used with glycerine and probably with water. It had a remarkably flat field, and compared favorably with a Zeiss one-twelfth, in the speaker's possession. An immersion condenser came with this objective. It is quite different from the ordinary high-angled condenser made by this firm, and consists of two systems of lenses placed close together, the lower of which is very large, the upper very small. Its pencil of rays, therefore, has a high angle of convergence, probably as much as one hundred and fifty degrees for balsam. It is provided with a diaphragm with central and side apertures, the latter at an angle of ninety degrees. It has also a pin-hole aperture for centering. A Powell & Leland cobweb micrometer was also exhibited by Dr. Johnson.

VITALITY OF INFANTS.—Baron Kolb (Medical and Surgical Reporter, October 8, 1881) claims that of every one thousand infants of well-to-do people, nine hundred and forty-three survive after five years, while of one thousand infants of poor people but six hundred and thirty-five survive. After fifty years there remains of the well-to-do, five hundred and fifty-seven, but of the poor only two hundred and eighty-three. At seventy years there remains of the prosperous two hundred and thirty-five, and of the poor but sixty-five. These figures are at marked variance with popular ideas on the subject, but there are many strong a priori reasons in favor of their correctness.

THE Medical News and Abstract is to be made a weekly.

DR. AMBROSE GOERTZ, of New York, died recently, from an overdose of chloral.

DR. J. J. TOULIN, a prominent physician of Jersey City, New Jersey, died October 30, 1881.

A DRUGGIST in this city recently dispensed morphine for calomel, thereby killing an infant.

PROFESSOR VIRCHOW has completed his twenty-fifth year as Professor to the University of Berlin.

DR. HAYDEN, of Dublin, Ireland, a well-known authority on cardiac diseases, died October 30, 1881.

DR. PAUL BERT, the physiologist, has been appointed Minister of Public Instruction in France.

DR. J. S. BILLINGS, U. S. A., has been elected an honorary member of the London Clinical Society.

DR. H. J. BIGELOW, of Boston, has been elected an honorary member of the London Clinical Society.

DR. T. B. CURTIS has been appointed instructor in urinary diseases, in the Harvard Medical School.

DR. J. R. CHADWICK has been appointed instructor in diseases of women, in the Harvard Medical School.

DR. E. H. BRADFORD has been appointed special instructor on orthopædics in the Harvard Medical School.

THE Boston dispensary is to have a new building. Eleven thousand dollars have been subscribed for this purpose.

REV. DR. JOHN HALL has been elected Chancellor of the University of New York City, vice Dr. Howard Crosby, resigned.

BONE MARROW IN THE EYE.—Dr. Th. Kölliker (Centralblatt für Chirurgie, No. 37, 1881,) claims to have found that Brun's statement that bone marrow transplanted to a distinct part of the body forms there cartilage and bone, is correct. His experiments were made in the eye.

DR. B. F. Leonard has been appointed Professor of Physiology in the Baltimore Medical College.

DR. W. R. Monroe has been appointed Professor of Materia Medica and Therapeutics in the Baltimore Medical College.

DR. Emily F. Pope, of Boston, has been elected Secretary of the Social Science Association, in the place of Mr. F. B. Sanborn.

DR. H. L. Byrd has been appointed Professor of Obstetrics and Diseases of Women and Children in the Baltimore Medical College.

DR. H. Froehling has been appointed Professor of Chemistry, Toxicology and Medical Jurisprudence in the Baltimore Medical College.

DR. THOMAS SHANNON, a prominent physician in Steuben County, New York, died suddenly at his home in Campbell, New York, September 26, 1881, aged sixty-two.

RECOVERY FROM RUPTURE OF THE BLADDER.—Dr. A. T. Hudson (Medical and Surgical Reporter, October 15, 1881,) reports a case of recovery from rupture of the bladder followed by extravasation of urine into the connective tissue. There are but few similar cases on record.

CYSTORRHAPHY.—Dr. E. Vincent, Lyons, France (Medical News, October, 1881), comes to the following conclusions respecting cystorrhaphy; First: Considering the almost invariable mortality which follows wounds of the bladder, however produced, laparotomy and cystorrhaphy should be resorted to immediately. The chance of success diminishes in proportion to the time that has elapsed since the accident. Second: As antisepticism has diminished the dangers of peritoneal surgery, ought not suprapubic lithotomy to be preferred to the perineal methods; to operations for stone only, to be retained lithotomy and suprapubic lithotomy? There is a clearness and decisiveness about these opinions that renders them likely to be of much value.

ORIGINAL CONTRIBUTIONS.

THE CASE OF GUTEAU.

BY JAS. G. KIERNAN, M. D.

According to the evidence thus far presented, the view of this case advanced in the editorial columns of the Review, bids fair to be confirmed. The assassin's family history gives decided evidence of hereditary taint. Two uncles died insane, as also two cousins of the first degree. The father of the assassin was peculiar and displayed abnormal religious views, and to all appearances was only saved from an insane asylum by passing into regular business routine under the control of others, for from all accounts it was impossible for him to carry on business by himself. The mother of the prisoner had, during her pregnancy with him, meningitis, from which she never entirely recovered. The two children born to this mother subsequently to the prisoner were both deformed. One had a cranial, the other a cardiac malformation. The prisoner had a marked deficiency in speech in his early life, which it took a long while to correct. The sister of the prisoner has attacks of petit mal, and the brother is said to have suffered from some convulsive disorder during childhood. A daughter of the sister just mentioned, aged eight, has some obscure convulsive disorder. The prisoner, during his early childhood, and up to about the time of puberty, displayed no peculiarities other than being very reserved, though not taciturn. After puberty he attempted to obtain an education, but worked on by the peculiar views of the father, entered the Oneida community where he was distinguished by his intense egotism, and comparative stupidity. He has at several times claimed inspiration for his acts, and is apt to regard any imperative conception as a revelation from Deity. Moral sense, in the true meaning of that term, he has none. His face is markedly asymmetrical, the asymmetry extending to his pupils. His claim of being insane is a quasi-legal plea that as he was inspired by the Deity to remove the President, his free agency was destroyed, and a man without a free will is, according to him, in the legal sense, insane. This feigning of insanity is not seldom found among the insane, Laehr (*Archiv für Psychiatrie* Band I,) narrates a case in which there was marked hereditary taint, who committed a crime against morals, shammed a form of

insanity which he had not, and his real insanity came out after the sham was exposed. Dr. Nichols at the conference of experts on this case, narrated a case in which a patient committed murder, under, as he believed, the command of the Virgin, but having two young lawyers assigned as his counsel, they advised him to feign insanity, which he did in the form of dementia. The experts detected both the sham and the real insanity, and had him sent to an asylum, where his insanity developed itself. Similar cases are cited by Delasiauve Ingels and Stark, and by Hughes and Pelman. In concluding this brief résumé I have thought of interest to cite similar cases in the literature, leaving the reader to draw his own conclusions.

Probably one of the strongest arguments that could be advanced to demonstrate the fact that Guteau is an unquestionable lunatic, consists in the great similarity, nay almost identity, of his case with certain cases narrated in the literature. Beer* describes a number of such instances where individuals of either a narrow mind or with a morbidly exaggerated opinion of self, became depressed in consequence of failure in a law suit, and developed delusions of persecution; others became seized with a perfect furor for litigation, and according as the patient was a literary man, lawyer, scientist, soldier or official, he became engaged in journalistic, legal, or polemical conflicts, engaged in duels, or sank to the level of a sycophant. Scholz† cites the case of a man still more resembling Guteau, who was a vain egotistical individual disappointed in seeking office, and in consequence insulted higher officials and even the ruler of the country, thus involving him in the coils of the criminal law. Krafft-Ebing‡ describes a woman who after being defeated in a law suit entered into a delusional basis, studied law and became a perfect expert at the code, Defeated in successive trials at higher courts she threatened to go to the emperor, and being recognized as insane, developed considerable sarcastic ability in ridiculing the idea of her being a lunatic. He also cites another case of a railroad engineer who after a dispute about a contract, in which the right was not altogether on the other side, and having signed a compromise by which he agreed to drop all claims against

* *Allgemeine Medicinische Zeitung* 3, 4, 5, 1869.† *Vierteljahrsschrift fuer gerichtliche Medicin*, 2, VIII, 1868.‡ III p. 63 *Beobachtung*, 63 and 64.

the company, began a series of ridiculous suits, insulted the attorneys, libelled the courts, refused to pay his taxes, and being finally arrested, was arraigned in a court, where he delivered a thundering philippic, threatened to revolutionize the land, and being noticed to make suspicious movements in the direction of his pockets, was examined and found to have a loaded revolver. He was committed to an asylum and there acted the part of martyr. Sauder in his excellent paper on *Verrücktheit* refers to the fantastic tendencies at first obscure to their bearer, which lead to his non-appreciation of society, to brooding and to the final erection of delusions based on self-conceited notions. He claims it is difficult to elucidate these delusions. The case of David Wemyss Jobson* who was under my observation for many years, is in point. Prior to the inception of paralytic dementia this patient involved himself in quarrels with the English courts, was fined and imprisoned. After he came to America he was a journalist and an office-seeker, "ran" for the office of comptroller, and obtained a few votes. He pestered the judges of the various courts so persistently that he became quite a well known personage. Finally his insanity was recognized and he was sent to an asylum.

One of the most striking and notable features of Guiteau's mental state is his marked moral perversion. That this perversion is a pathological one, as dependent on a cerebral defect as his other abnormal mental manifestation, must be evident to every reflecting psychologist. It is of this form of mental alienation that Krafft-Ebing says* that the evident symptoms are a moral insensibility, an absence of all moral judgments and ethical conceptions, their place being supplied by purely logically based judgments of a utilitarian character. He adds that the moral rules of the community, may be learned in a parrot-like way, but they always remain unassimilated conceptions and fail to act as a guide to the moral lunatic's actions. It is to be remembered here that the case of Guiteau, like others I have observed, strongly proves the incorrectness of Prichard's idea that with this form sensorial perversions are absent. Krafft-Ebing, evidently without having reflected much, endorses this opinion.*

His own cases contradict this. From the cases cited the reader can draw his own conclusions. It will, however, be obvious that Guiteau's type of insanity is not exceptional, but is well paralleled in literature.

A CASE OF PARTIAL PARALYSIS OF THE IRIS.

BY J. M. G. CARTER, A. M., M. D., GRAYVILLE, ILL.

F. C., a boy seven years of age, was struck on the left eye by a lump of earth thrown by a mate while at play, on August 5, 1881, and three days later he was brought into my office. Upon careful examination, I found no apparent lesion. Vision was good at short distances, but at greater distances objects became indistinct. The boy was able to read when the right eye was closed. The indistinctness of vision at some distance was due to the extreme dilatation of the pupil. It was plain that, except for the dilatation, the patient could see as well with the left as with the right eye. Not being able to discover any lesion or cause to account for the extreme dilatation of the pupil, and finding that it responded slightly to the action of a very strong light, I concluded that the nerve supplying the circular fibres of the iris was injured, and that partial paralysis of the iris had ensued. In accordance with this view, I prescribed the cold water douche three times a day, and the local application of Calabar bean. I attempted to use electricity, but as my battery was out of repair, I was unable to do so. In three days the eye looked well, and the pupil was considerably smaller. Six days later there was continued progress toward recovery. The margin of the pupil was regular, so that I considered my diagnosis correct; for if the dilatation had resulted from exudation, transudation of fluid, or rupture of a vessel, the pupil would have probably shown irregularities in its outline. The improvement was gradual and constant from that time on.

In September the boy was sent to school. The pupil was always larger at the close of the day than at the beginning. There was no pain, however, neither has there been during the entire time since the injury. I saw the patient about the middle of September, and observed a decided improvement. As the application of the Calabar bean gave him some annoyance, I directed its discontinuance, but that the cold water douche should be still used

*Cited by Spitzka, St. Louis Clinical Record, December, 1880.

* II page 65.

* I I page 266.

freely. I have not heard from the case since about the twentieth of October, but at that time the eye was considered to be almost well; the left pupil however, still dilated more freely than the right when the boy went to school, but on the following morning it regained its normal size. Had I been able to use electricity, I presume that the treatment would have been still more satisfactory.

CORRESPONDENCE.

WASHINGTON LETTER—MALARIAL DISEASES IN THE DISTRICT OF COLUMBIA—DUBIOUS MALINGERY—GUILTEAU'S TRIAL—SMALL-POX—AFRICAN DIPLOMAS.

WASHINGTON, December 1, 1881.

Washington considered from the standpoint of the medical scientist cannot be said to be the beau ideal of a city. Its medical college is situated in a mean locality and in a mean building, so mean that your correspondent thought its sign was that of some advertising quack. The army medical library is badly arranged despite its very pompous catalogue, and many journals of prominence in Europe and America never find their way therein, or are unknown to the librarian. If the *Index Medicus* is based only on the journals to be found in the Army Medical Library, that journal cannot be regarded as complete. The librarian at present in charge of the library alluded to is not the most intelligent person in the world, and is not well posted as to where works are in the library; the contrast between him and the librarian in charge of the Congressional Library was very striking; the latter, a layman, found standard medical works with facility, the former only after exhibiting some degree of mental confusion. This city is, in a medical aspect, largely an appanage of the army and navy, although even here there are a few independent individuals. As it may be of interest to your readers I present the recent proceedings of the

WASHINGTON MEDICAL SOCIETY

in regard to malaria: The committee of the medical society, of which Dr. Lindsley was chairman, appointed to examine into the extent of malarial diseases of the District, have submitted an extended report, showing that many of the diseases registered as malarial

are really attributable to other causes. Answers have been received from practicing physicians to the questions propounded in the circular letter issued by the committee. To the first question, Do you believe that malarial diseases prevail to the same extent as formerly in Washington? forty-eight negative answers were returned. Ten answers were affirmative. The physicians, who had been engaged in practice from twenty-five to fifty-five years, with one exception testified to the fact that malarial diseases are less prevalent than formerly. Several did not answer this question, as they had not been engaged in practice long enough to speak from their personal knowledge of the former health of the city.

The second question: In your practice do diseases clearly due to malarial influences present themselves in large proportion? was answered in the negative by fifty-four, and in the affirmative by nine. Several of the affirmative answers were qualified by the statement that this large proportion occurred only in the months of August, September and October, and in certain parts of the city only. The almost unanimous opinion was returned to the third question that intermittent fever is the most common form of malarial disease.

The fourth question: From your experience do you think that malarial diseases cause many deaths, and what form of malarial disease have you found most fatal? was answered by all that malarial diseases do not cause many deaths. Thirty-five answered simply "no;" sixteen said that "they had never lost a case from this cause;" eleven replied "that death in these diseases was rare;" one that he had had but one death in five years. These replies are given in order to show the emphatic manner in which the unanimous opinion was expressed that malarial diseases are rarely fatal in the city. The following were believed to be the causes of death in the fatal cases: Congestive fevers and pernicious remittent fevers. Fifty-five physicians responded that malarial diseases were confined, more or less, to certain localities, while six thought they were equally prevalent in all parts of the city. As regards localities the following list embraces all that were specified as chiefly or almost wholly the seat of these maladies: Along the line of the Potomac River flats, Rock Creek, and the canal in the neighborhood of the United States Naval Observatory, the east-

ern part of the city bordering on the Eastern Branch, the low and badly-drained suburbs in the north, and along the lower creek canal.

The opinion thus expressed in these answers may be summarized by the following conclusions: First: That malarial diseases are less prevalent now than ten to fifteen years ago in Washington, and that this improvement has been most marked in those parts of the city which have been drained of surface water, where low ground has been filled and raised, houses built, and the streets paved with concrete. Second: That cases of malarial diseases do not occur in large numbers in the practice of the majority of the physicians in the city, and that malaria has not a wide spread influence here. A large proportion of the so-called "malarial diseases" are cases of slight or obscure disease, due to many different causes. Third: That simple intermittent fever, the most incurable form of malarial disease, is the most commonly met with. Fourth: That malarial disorders have no great intensity in Washington, and are rarely fatal. Fifth: That the malarial influence manifests itself chiefly in those parts of the city immediately bordering on the Potomac River and its tributaries, Rock Creek and the Eastern Branch, and in the neighborhood of low, marshy soil on the outskirts of the city, and that for seemingly greater immunity from the malarial poison, it is important that these marsh lands should be reclaimed. The committee believe that disease from malaria is lessening every year and that when the Potomac flats are reclaimed, Washington will be as free from sickness from that cause as any city in the country. It must be recollected, however, that here as elsewhere there is a large local prejudice, and that Washington is therefore a very unhealthy city. The assistant physician of the county jail reports a somewhat dubious

CASE OF MALINGERING.

Dr. Noble Young, the jail physician, says that a most remarkable case of malingering occurred during the year. A colored man, a skilful burglar, simulated hemi-paresis for a period of eight months, commencing with a pretended attempt to hang himself. This was kept up most unremittingly during the whole period, resisting all the most active and painful applications to overcome what was known to be a pretence, until the well directed use of a galvanic battery overcame the control of his movements and forced

into action such muscular motions as were incompatible with a paralyzed condition, bringing the old fellow to an acknowledgment, which is altogether worthless, and can be regarded but as the use of torture; and the status of the jail physician here is not such as has been usually associated with high diagnostic skill. For some inscrutable purpose this physician has once or twice given narcotics to Guiteau, and the same sapient individual has been conducting examinations to find out whether the changes in the moon and the changes in Guiteau's mental condition have any relation, and claims that such is the case, although he claims that Guiteau is sane. It is strange that superstitions of this kind should survive among medical men. This naturally leads to the great topic of conversation of the day. The

TRIAL OF GUITEAU.

The most curious circumstance about the case is the mass of correspondence which Mr. Scoville receives from lunatics throughout the country, some of whom are in lunatic asylums and yet recognize that Guiteau is insane. An insane physician sends a ponderous manuscript work of three hundred pages folio, which claims that if Garfield's stomach had been washed out he would not have died. The work is full of the incoherence, punctuation and emphasis characteristic of some of the chronic insane. A lawyer in Illinois regards Guiteau as a martyr, and an able lawyer sends him twenty dollars to aid in his defense. Another lunatic insists that Guiteau's murder of Garfield was inspired by God. George Francis Train comes to the front with an immense mass of incoherent writings in red, light blue and black ink. There is a lunatic young lady who has answered Guiteau's advertisement for a wife, and to whom he writes during the trial. The prisoner has marked asymmetry of the face and skull, and the same peculiarity is noticeable in many members of the family present at the trial. He is very emotional, indulges in frequent interruptions of witnesses and of general proceedings; the interruptions of witnesses the prosecution encourage, in the hope of finding something to be of value in cross-examination.

Your correspondent has been markedly impressed by Guiteau's insanity of manner during the numerous interruptions, which he makes of the witnesses during the session. Last Sunday your correspondent and Dr. John A. Rice, of Merton, Wis.

examined Guiteau in jail. He had marked asymmetry of face and skull; one pupil is larger than the other, the difference being evidently congenital. The prisoner was markedly emotional, claimed to have been inspired, which claim evidently originated in an imperative conception.

Dr. Rice had testified just previous. His attention was called to Guiteau by Mrs. Scoville, his sister, some time during the summer of 1876, who asked him to make an examination of him as to his mental condition. He had frequently assisted in getting persons in an insane asylum, as admissions were made on certificates of two physicians. He would probably be called to attend a dozen cases in the course of the year. He considered the hereditary influence and the exaltation of his emotional nature. During this period of exaltation, detected symptoms of egoism, pseudo-religionism and incoherency. There was a weakening of the judgment, and to some extent weakness of the intellect. He said at the same time that there was moral imbecility. After this he told Guiteau's friends that he was dangerously insane, as an imperative conception was liable to occur at any time, which would be obeyed by the prisoner, and that he ought to be put in an asylum. While witness was corresponding with another physician on the subject the defendant heard of it and left the country. On one occasion he saw him during an ordinary evening conversation at the house in which he was boarding, suddenly rise and call all present to come to God. He went on in a rambling incoherent way. When he left the house in which this occurred, he borrowed some clothing and failed to return it. In the summer of 1880 Dr. Rice was called to treat the father of prisoner, who was suffering with ascites, produced by atrophy of the liver. Could not say that during the time he treated him he was deranged. Mr. L. W. Guiteau claimed that his sickness was unnecessary, and that if he had lived in proper communion with Christ, he might have lived forever.

The doctor told me that the present examination was the first time he had examined the prisoner since he examined him two years ago and pronounced him insane. He is as crazy to-day as he was then, only not so excited. He found it utterly impossible to obtain from the prisoner any expression of regret for his "removal" of the President; he manifested no remorse,

but insists that it was the Lord's will, that he was only His instrument, and that the Lord will take care of him. Guiteau was questioned as to his marriage; he said that it was a very unhappy one on both sides, as they were entirely uncongenial. The subject greatly excited him, and he said he would surely show up his wife's record, before and after her marriage with him, if she tried to do him harm. One important fact was ascertained, that the prisoner is subject to nocturnal emissions. There is undoubtedly a strong sexual factor in this case. The prisoner has had syphilis and gonorrhoea. As no experts will be examined in time for the present, I reserve all account of that till my next letter.

In consequence of the alarm caused in some portions of the west by the reported spreading of small-pox, Acting Postmaster General Hatton has issued the following order: "Where the health officers of a village, town or city by official action declare that mail matter from any other village, town or city is liable to communicate a contagious disease, which at the time is prevailing in the place whose mail it is thus sought to quarantine, and such health officers shall furnish to the postmaster a certified copy of such declaration, it shall be the duty of said postmaster to refuse to accept said mail matter from any carrier or mail messenger, and he shall furnish such carrier or mail messenger with a copy of said declaration, to be delivered by him to the office thus quarantined, with the mail matter so refused, and the facts shall at once be reported to the first assistant postmaster general. In the absence of a board of health officers, the declaration of the regular county or city medical society may be accepted, and failing such organization the opinion of such physicians as the postmaster may regard as most reliable may be acted upon. The mail returned shall be held until the prohibition is removed, and shall, after being properly fumigated under the direction of the medical authorities, be forwarded to the place of original destination."

Washington health officers are hard-hearted. Dr. Delaney, an African, who claims to be one hundred and one years old, and to be descended from the Mandingo tribe, presented himself, the other day, at the office of the Board of Health, and asked to be registered as a practising physician. He showed what purported to be a diploma, the words being written in

English on an elephant skin, and stating that he was an herb doctor. The document was dated Sierra Leone, 1806, and the man claimed to have been born in 1780. The health officers raised their eyebrows at this statement, and smiles broke over their faces when the African, solemnly asserted that his father was still alive, and that he was King of the Mandingo tribe. Neither this testimony nor his parting remark, that he was with Livingston for four years, had any effect upon his hearers, for, his credentials not being deemed satisfactory, he was not allowed to register. K.

*NEW YORK LETTER—NEW YORK
NEUROLOGICAL SOCIETY.*

NEW YORK, November 28, 1881.

An unusually interesting meeting of the New York Neurological Society was held at the Academy of Medicine, on the evening of November first. The paper of the evening, read by Dr. L. C. Gray, of Brooklyn, dealt with the subject of alleged reflex paralysis from irritation of the male genital organs. The author presented a searching analysis of the cases recorded by Dr. Lewis A. Sayre, censured the reports made as being exceedingly laconic and imperfect, and gave his reasons for asserting that Dr. Sayre's cases were in part, not cases of paralysis at all, or were cases of organic paralysis due to imperfect development, and diseases of the cord. He criticized the experiments of a French investigator who claimed to have produced paralysis in dogs by exciting pressure on the kidney, but failed, in mentioning the well-established cases of a later observer where reflex paralysis was established by the same manipulations in the rabbit, to indicate any reason why what was possible in the rabbit, was not possible in the dog. The paper on the whole was very impartial and philosophical in tone, and the author had gone to considerable trouble to procure evidence for and against the propositions of which Dr. Sayre was the leading exponent. He had in reply to his inquiries received letters from the following neurologists, stating that in their large experience they had seen no such cases: S. Weir Mitchell, Da Costa, Miles, A. Jacobi, Jewell, Edes, Webber, Spitzka, McBride and Kinnicutt. From this and other negative evidences as well as from the imperfect description of the cases recorded by Dr. Sayre and his followers, as well as the ascertained fact, that in many affections of the periphery,

supposed to have led to reflex paralysis, a continuity of the disease process to the spinal cord had been demonstrated, Dr. Gray concluded, that the existence of reflex paralysis from genital irritation in the male, was not proven, and if it ever occurred, it must be exceedingly rare and exceptional.

Dr. Sayre in commenting on the paper, admitted that many of his histories were imperfect, but this was due to the fact that they were only abstracts of the fuller histories in his private records. He agreed with the author that the publications should have been more exhaustive, and intended to rectify his shortcomings in the future. He believed that the other strictures made by Dr. Gray did not apply to the principle he had endeavored to promulgate. He was in frequent receipt of letters from physicians who reported rapid and lasting improvement of similar cases, and that the operation of circumcision was abused and performed needlessly, did not, he thought, militate against its employment where it was indicated. Dr. Sayre proceeded to read some of his records and the letters he had received, tending to sustain his theory that reflex paralysis was occasionally due to adherence of the prepuce.

Dr. T. Otis, being called on by the chair, said that the paper stated nothing new. Like Dr. Detmold who had been called on to discuss the paper, and who had excused himself on the grounds that he had come to learn and not to preach, he had come to learn, but he regretted to say that he had not been instructed. He had not seen a case of reflex paralysis from preputial adhesion but he had seen such a large number of cases of reflex nervous trouble from all kinds of urethral and vesical disease, that he was fully prepared to admit the possibility of such cases occurring as Dr. Sayre had claimed.

Dr. Sturgis remarked that while exact proof of the why and wherefore of genital reflex paralysis had not been furnished by Dr. Sayre, that Dr. Gray in contradicting his claims, and yet admitting that the operations had been of temporary or apparent benefit, failed to explain so remarkable a phenomenon as the modification of a central paralysis by a peripheral operation would constitute. His experience with urethral disease led him to coincide with Dr. Otis, that reflex paralysis from preputial adhesion, was a possible occurrence.

Dr. Seguin remarked that not only had

he never seen such a case, but he saw almost every week cases of organic spinal disease in which some practitioner had performed circumcision either tentatively or with the assurance that it would cure the paralysis. He could simply say on the strength of his own experience and of those who had a larger experience with children's diseases, that reflex paralysis from affections of the male genitals must be exceedingly rare; he would not deny its possibility, but he had never himself seen a case.

Dr. Spitzka affirmed that as cited by Dr. L. C. Gray, he had never seen a case of such paralysis from that cause. He was glad, however, that the reader of the paper had left a provisional loop-hole for the possible occurrence of these paralyzes under exceptional conditions, and he himself could only say with Dr. Seguin, that while he had seen no such cases in human practice, he did not contest their probability. Observations he had accidentally made on the lower animals forbade his arriving at too sweeping conclusions. There was at the present moment a specimen of a gigantic antelope, the eland, at the Central Park, which would be doubtless found in the same condition by the members on the following day as he had seen it in, three days previous. This animal was being castrated by the elastic ligature en masse, around the scrotum, and had paresis of the hind extremities, being unsteady and swaying to and fro with the hind quarters. It was one of the pathognomonic signs of renal disease in horses, to observe paresis of the hind quarters, and horses suffering from such diseases often went "down" as horsemen call it. In one such case an autopsy verified the existence of nothing beyond a granular nephritis, all organs except the kidneys, particularly the nerve centers, being perfectly healthy. There were certainly many obscure relations between the divisions of the uro-genital apparatus and the lower half of the spinal cord, and inasmuch as certain functional disturbances, established as the rule among certain species of the lower animals, were exceptionally found in the human species, he was prepared to accept the occurrence of genital reflex paralysis as a possible and occasional atavism.

Dr. Burchard cited a number of cases in illustration of the correctness of Dr. Sayre's propositions, and described particularly one case which had been seen by him in conjunction with Dr. McBride, the President

of the Society. Here not only paralysis and contracture, but strabismus were radically cured and remained so up to the present moment, by a simple operation on the adherent prepuce.

Dr. McBride stated that he had no recollection of the case whatever. Dr. Burchard insisted on his point, and assured the President that he would find it on his books.

Dr. Hammond said that it was also true of him as of previous speakers, that he had not himself seen cases of genital reflex paralysis. But he regretted much that Dr. Gray had not adhered to the announced title conveying the impression that he was to deal with reflex disturbances of other kinds, due to genital irritation, for their existence was unquestionable. He cited a few remarkable instances, and concluded by stating that he was not at all prepared to deny the possibility of reflex paralysis occurring like other reflex disturbances from the cause mentioned.

Dr. Birdsall said that a very salient point had been left untouched by every previous speaker. That was the possible effect which the operation of circumcision, like other peripheral irritations, might have on actual organic diseases of the cord. He cited "nerve stretching," terming it an experiment not justified by our knowledge of the diseased state at the basis of locomotor ataxia, and which yet might have a momentary effect on the disease.

Dr. Spitzka stated that that point could probably be answered quite definitely, and he had no doubt others would agree with him in the statement that these operations either had no effect or did harm in cases of organic disease. In justice to Dr. Sayre, he would say that he had recently had under his care two cases of organic spinal disease, for which the operation of circumcision had been suggested by physicians out of town, and declined or condemned by Dr. Sayre. In both cases it had been performed, in one, no effect was produced, in the other, injury resulted from the child's long confinement, and the surgical affection.

Dr. Seguin had known parents to report temporary good effects in organic spinal disease.

Dr. Sayre thought that there it should produce either no result or do harm.

Dr. Gray in closing the discussion, regretted that Dr. Otis had not been "instructed," and stated that he had not en-

tertaind the ambition of instructing Dr. Otis, and was not responsible for the latter's disappointment. For the rest, he must say that none of his criticisms appeared to be invalidated; all who had discussed his paper had either sustained his final conclusion, or failed to disprove it, and all had admitted that the operation was frequently needlessly performed. He did not, however, wish it to be understood that the operation should not be performed for surgical reasons, whether spinal disease existed or not.

Dr. Otis having left the room early in the evening, the society adjourned peaceably.

THE EXHALATION OF GASEOUS NITROGEN has been a matter of serious dispute among physiologists. A few years Seegen and Nowak experimented with an apparatus, apparently beyond reproach, and as was reported in the Review, found an exhalation of nitrogen by the lungs amounting to one-third and more of all the nitrogen excreted. These results have been disputed, but not disproven, by Voit and his pupils. The real truth has probably now been disclosed by some experiments made in the physiological laboratory at Bonn by Dr. Hans Leo, (Pflüger's Archiv, Band xxvii., Heft 5 & 6.) The apparatus in which the expired gases were collected was connected directly with the trachea of the animal. It was thus found that large quantities of nitrogen were given off at first by the lungs, but much less later on. The gas was not liberated in the body, but was derived from a store of it always existing in the intestinal cavity. When this accumulated quantity had been exhaled and further supply of it prevented by submerging the whole animal in water, it was shown conclusively that no sensible quantities of gaseous nitrogen are formed in the system, or exhaled.

DR. Helen D. Webster, who has for eight years been Resident Physician and Professor of Anatomy and Physiology at Vassar College, has resigned the position and resumed practice at New Bedford.

REVIEWS.

OBSERVATIONS WITH THE HÆMACYTOMETER upon the Globular Composition of the Blood and Milk. Cartwright Prize Essay. By Frederick P. Henry, M. D., Physician to the Hospital of the Protestant Episcopal Church, Philadelphia. 8vo; pp. 37; pamphlet. Philadelphia, F. A. Davis, Attorney, Publisher. 1881.

This is the essay to which was made the first award of the Cartwright prize of the Alumni Association of the College of Physicians and Surgeons, New York City. In it are found the following conclusions: "First: as to the blood: First: As there are wide diversities of bodily condition included under the relative term of health, so the globular composition of the blood, being one of the factors upon which the bodily condition depends, is likewise variable. Second: In health, an inverse ratio between the temperature and the number of blood globules can be plainly demonstrated. Third: On individual days, this ratio cannot be demonstrated on account of the variation of the hæmacytometer, and, therefore, in order to neutralize the effect of this variation, a number of observations is necessary. Fourth: The temperature varies on different days, on no two days being the same. Fifth: In health, no relation can be established between the amount of urine pigment excreted, and the number of the red blood-globules. Sixth: During menstruation, the number of red blood-globules is slightly diminished. Seventh: In a perfectly healthy nursing woman, with good hygienic surroundings, and abundant nutritious food, the number of red blood-globules is not diminished. Eighth: Rest and sleep are the most important agents in the restoration of the blood. Second, as to the milk: First: In fresh milk, a count of the globules is a matter of slight difficulty. Second: A milk containing two million globules per cubic millimeter is an excellent specimen. Third: Menstruation diminishes the number of the milk-globules. Fourth: The hæmacytometer, on account of its convenience and accuracy, is the most valuable single method for examining milk." The work is careful and painstaking, and the quotations already cited give an excellent idea of its scope.

DR. JEAN BAPTISTE BOUILLAUD, a leading French physician, died October 30, 1881.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from October 29, 1881, to November 12, 1881.

McClellan, Ely, Major and Surgeon, now awaiting orders at Louisville, Ky., to report in person to the commanding general, Dept. of the East, for assignment to duty. S. O. 252, A. G. O., Nov. 8, 1881.

Hartsuff, Albert, Major and Surgeon. The leave of absence granted him in S. O. 214, Oct. 20, 1881, Dept. of the Missouri, is extended nine months, with permission to go beyond sea. S. O. 251, A. G. O., Nov. 7, 1881.

Meacham, F., Captain and Asst. Surgeon, to accompany from Fort Trumbull, Connecticut, to the Military Division of Pacific, Batteries C and M, 1st Artillery, ordered to start on the 11th inst. Upon completion of this duty to rejoin proper station in Dept. of the East. S. O. 66, Mil. Div. of the Atlantic, Nov. 8, 1881.

Koerper, E. A., Captain and Asst. Surgeon. Relieved from further duty at Yorktown, Va., and to proceed to Plattsburg Barracks, New York. S. O. 119, Dept. of the East, Nov. 3, 1881.

Raymond, H. J., First Lieutenant and Asst. Surgeon, to accompany Batteries A and D, 1st Artillery from Fort Columbus, New York, on the 10th inst., for San Francisco. S. O. 66, C. S., Mil. Div. of the Atlantic.

Skinner, J. O., Captain and Asst. Surgeon. Relieved from duty as Acting Medical Purveyor in the field, and to proceed to his proper station, Whipple Barracks, A. T. S. O. 123, Dept. of Arizona, Oct. 26, 1881.

Finley, J. A., Captain and Asst. Surgeon, to accompany from Fort Adams, Rhode Island, to the Military Division of the Pacific, Light Battery K and Batteries B and E 1st Artillery, ordered to start on the 14th inst. Upon completion of this duty to rejoin proper station in Dept. of the East. S. O. 66, C. S., Mil. Div. of the Atlantic.

Turrill, H. S., Captain and Asst. Surgeon, to accompany Battery H, 3d Artillery, from Madison Barracks to New York City, and on arrival report in person at these headquarters for further orders. S. O. 67, Mil. Div. of the Atlantic, Nov. 9, 1881.

Arthur, Wm. H., First Lieutenant and Asst. Surgeon. Relieved from duty at Fort Sanders and assigned to duty at Fort Washakie, Wyo. T. S. O. 110, Dept. of the Platte, Oct. 29, 1881.

The following named Medical Officers will report in person, without delay, to the commanding general, Mil. Div. of the Atlantic, for temporary duty with regiments about to change stations. Upon completion of their duty with these regiments to report by letter to the Surgeon General:

First Lieutenant E. C. Carter, Asst. Surgeon.
 " " H. T. Raymond, "
 " " T. J. C. Maddox, "
 S. O. 248, A. G. O., Nov. 3, 1881.

Carvalho, C., Captain and Asst. Surgeon. Granted leave of absence for one month on surgeon's certificate of disability, with permission to go beyond the limits of the Department, and to apply for five months extension. S. O. 108, Dept. of the Platte, Oct. 24, 1881.

Carter, E. C., First Lieutenant and Asst. Surgeon, to accompany from Fort Adams, Rhode Island, to the Mil. Div. of the Pacific, the headquarters, band, battery F, and detachment Light Battery K, 1st Artillery, ordered to start on the 10th inst. S. O. 66, Mil. Div. of the Atlantic, Nov. 8, 1881.

APPOINTMENTS.

To be Assistant Surgeons with the rank of First Lieutenant.

Edward C. Carter, of New York, October 22 1881, vice Phillips, deceased.

Henry J. Raymond, of New York, October 22, 1881, vice Otis, promoted.

Thomas J. C. Maddox, of New York, October 22, 1881, vice Smith, resigned.

Richard W. Johnson, of Minnesota, October 22 1881, vice Jaquett, promoted.

G. O. 77, A. G. O., October 31, 1881.

BOOKS AND PAMPHLETS.

William Elmer, M. D., and Albert D. Elmer, M. D., New York City. *The Physicians' Hand-Book for 1882.* New York: W. A. Townsend, 1882.

A. S. Barnes & Co., New York City. *The International Review.* November, 1881. New York: A. S. Barnes & Co.

A. F. Erich, M. D., Baltimore, Maryland. *Atresia of the Vagina and Uterus, a Clinical Lecture.* Reprinted from the *Atlanta Medical Register*, November, 1881.

Max Schuller, Greifswald, Germany. *Zur Kenntniss der Mikrokokken bei Akuter Infektiöser Osteomyelitis: Mikrokokkenherde im Gelenkknorpel.* Separat-Abdruck aus dem *Centralblatt fuer Chirurgie*, No. 42, 1881.

T. L. Wright, M. D., Bellefontaine, Ohio. *Observations on the Origin, Character and Treatment of Oinomania.* Reprint from the *Alienist and Neurologist*, St. Louis, October, 1881.

R. J. Levis, M. D., Philadelphia, Pennsylvania. *The Treatment of Hydrocele and Serous Cysts in General by the Injection of Carbolic Acid.* From the *Transactions of the Medical Society of the State of Pennsylvania*, 1881.

W. G. Regester, M. D., 122 West Fayette Street, Baltimore, Maryland. *Transactions of the Medical and Chirurgical Faculty of the State of Maryland, at its Eighty-Third Annual Session, held at Baltimore, Maryland, April, 1881.*

William T. Lusk, M. D., 47 East Thirty-Fourth Street, New York City. *The Science and Art of Midwifery.* New York: D. Appleton & Co., 1882; Jansen, McClurg & Co., Chicago.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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Theory and Practice of Medicine and Therapeutics.

E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.

CHRISTIAN FENGER,
Surgery.

HENRY GRADLE,
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INTERNATIONAL SANITATION.—A few years ago small-pox and certain allied diseases seemed to have almost disappeared from the United States. Now, although there is a National Board of Health in operation, there is scarcely a large city in the union which does not suffer from an epidemic of small-pox. The cause of this is not difficult to determine. Quarantine has not been carried out to the extent it should be in places where a quarantine system exists, and the facilities for communication by railroad with Canada render that country an actual source of contagion. Were the National Board of Health a practical body it would devote its energies to establishing depots at the various European ports from which emigrants depart. Those brought into contact with infectious diseases might be quarantined until all danger of infection was passed, before being permitted to depart. A similar precaution might be taken with the emigrant trains crossing from Canada. These precautions are so simple and so easily taken that it is a wonder they have not been taken already. Were the quarantine system in the United States anything but a means of rewarding dilettante physicians for political services, who delegate their duties to illy paid and overworked subordinates it might prove sufficient, but under the existing state of things it is but the merest pretense, and requires

to be supplemented by preliminary quarantining at European ports. Few of the European governments would throw obstacles in the way of such a system, and it would prevent not only infectious diseases from being brought into the United States, but would also prevent the importation of the defective classes, criminals, paupers, etc. Sooner or later such a system will have to be adopted, and it might be advisable for that very ornamental body, the National Board of Health, to take means to that end. Small-pox is now very prevalent, and when the present epidemic is stamped out, another should be prevented by stringent quarantine of the kind which has been already alluded to.

DIPLOMAS IN MEDICINE.—Edward B. Lighthill, who was prosecuted in New York, on the New York Medical Society's complaint, was fined after pleading guilty of practising medicine illegally. He held a diploma of March 5, 1857, issued by the New York Medical College, but it was shown that he was not a graduate of the college, and that his name had been inserted in the diploma over an erasure. At one time advertisements were not infrequent in the daily papers of New York offering to sell or buy diplomas of deceased physicians. This shows the use to which many of them may have been put.

SELF SACRIFICE OF A PHYSICIAN.—There are few more heroic deeds than that reported of Dr. Landon, an English army surgeon, who was wounded at the Majuba Mountain. The bullet struck his spinal column and caused paraplegia. Knowing he must die, he called to the orderlies near him and caused himself to be propped up against a boulder. There, in the very presence of death, he, with his own hand, gave a hypodermic injection of morphia into the wounded arm of Corporal F., and then frightfully wounded and suffering most acutely, died.

BALANO-POSTHO-MYCOSIS.—This term is applied by Dr. O. Simon (British Medical Journal, October 7, 1881,) to an affection of the glans penis, peculiar to diabetes produced by a fungoid growth. The first symptom noticed is a slight irritation, with some erythema, followed by more intense inflammation and secretion. Afterward the part becomes excoriated and phymosis perhaps results. Eventually a condition resembling papilloma acuminata makes its appearance. Occasionally growths of a callous type appear. Salicylic acid locally is the treatment recommended.

MANAGEMENT OF HYSTERIA.—Dr. J. S. Jewell, in Holmes' System of Surgery, says concerning this, that by removal from the influence of friends sympathizing too deeply; by providing a skilled nurse; by firmly, yet kindly teaching the patient lessons of endurance; by breaking up settled habits of invalidism; by improving nutrition by due attention to the condition of the alimentary canal; by simple, though good feeding; by careful massage; by securing an abundance of sleep; by the use of light sedatives, and, if needed, of anodynes, and the cautious use of tonics; by daily exposure to fresh air and sunlight; by keeping the patient from exciting company; by due attention to local disorders that may happen to complicate cases; by such means are cases of hysteria to be slowly, but, as a rule, certainly benefitted.

SNUFF AND HAY FEVER.—In a recent letter to Nature, two facts are mentioned on hay fever, namely, that "those who are afflicted with hay fever are so affected from the tenderness of the mucous membrane lining of the nose," and that "in Scotland hay fever is practically unknown." These facts suggest a probable preventative, the use of snuff. This habit destroys the natural tenderness of the internal lining of the nose. As Scotchmen generally are either snuff-takers themselves or descended from snuff-takers, a direct hereditary insensibility may explain their immunity from this affliction. Hay fever is a neurosis and is excited by more causes than the simple application of irritating substances to the naso-pharyngeal membranes. It certainly has not been shown that Scotchmen are exempt from hay fever, and there is no denying that many of their descendants in the United States suffer from it.

PERIODICAL DERMAL EXFOLIATION.—Dr. A. Chevallier Preston, Amberly, Canterbury, New Zealand (Lancet, October 22, 1881), reports the case of a lady aged sixty-seven, who has a large bronchocèle, and who has suffered from periodical exfoliations of the skin since childhood. The skin desquamated is of the thickness of ordinary skin. The desquamation is always preceded by cuticular irritation, and occurs at intervals of from a month to six weeks. It never had any relation to the menstrual function, nor any assignable cause. The patient's ancestry are healthy, as also are her descendants. The skin of the nose, ears and hands comes off as complete case. The case is in many respects exceptional. Treatment seems to be of no avail.

SKIN GRAFTING.—Dr. Berger (British Medical Journal, November 5, 1881), advocates a method of exciting the vascularisation of the flap before cutting it, by covering the skin either with a mustard plaster, or with warm poultices. He claims marked success from this method.

OÖPHORECTOMY IN INSANITY.—Dr. T. B. Wilkerson, Young's Cross Roads, Granville Co., North Carolina (North Carolina Medical Journal, June, 1881), reports having removed both ovaries in a case of insanity, not very clearly described, but presenting strong erotic symptoms. The patient is said to have recovered doubtless rather on the counter-irritant principle than from an effect of oöphorectomy. The case is too impure to be of any value in regard to the results of the operation.

FACIAL ERYSIPELAS.—Dr. Bleynie (L'Union Médicale, September 6, 1881), claims considerable advantage from the following method of treatment: He gives large doses of quinine sulphate, and within twenty-four hours amelioration is manifest, and the continuation of the treatment produces recovery. When facial erysipelas returns periodically in herpetic subjects, the author prescribes arseniate of soda in small doses, during and for a long time subsequent to one of the attacks.

VACCINATION IN LONDON.—The present epidemic of small-pox, gives a special interest to a memoir on Vaccination in London, England, by Dr. Buchanan, recently published (Medical and Surgical Reporter, October 29, 1881.) During the past twelve months, one thousand five hundred and thirty-two persons died of small-pox in London; of these, three hundred and twenty-five had been vaccinated, and six hundred and thirty-seven had not been; the matter was doubtful for the remaining five hundred and seventy. It is estimated that of the population of London, three million six hundred and twenty thousand are vaccinated, and one hundred and ninety thousand are not. From this it may be deduced that the proportion of deaths among unvaccinated persons is three thousand three hundred and fifty per million, while that for the vaccinated is only ninety per million. For individuals under twenty years of age, this difference is still more sensible;

the proportion per million for the vaccinated being sixty-one, and for the unvaccinated four thousand four hundred and twenty; for children under five years, the proportion is forty and a half per million for the vaccinated, the number of deaths reaching the startling figure of five thousand nine hundred and fifty for the unvaccinated. As is remarked in the *Revue Générale l'Administration*, these statistics demonstrate that vaccination is much more efficacious in the first years of life than later, particularly after the twentieth year, which would tend to confirm the doctrine that revaccination is almost as important as primary vaccination, and should receive encouragement.

ABSENCE OF ONE KIDNEY.—Dr. J. C. Clement, Haverhill, Massachusetts, (Medical Record, November 19, 1881), reports the following case of absence of one kidney: On the right side the kidney was found in its normal position. Exact measurements were not made; however, it was fully one-third larger than ordinarily, and, in every respect, of normal appearance. On the left side could be found neither kidney nor anything resembling an attempted formation of that organ. The bladder was normal, and the right ureter intact, but on the left it was missing, there being only a small pit, or depression, corresponding to the opening in the right, and, leading from this for about half an inch, was what appeared like a piece of cat-gut imbedded in the mucous membrane. This was, evidently, the remains of an attempted formation of the left ureter. The case is, in many respects, exceptional.

CITRATE OF IRON HYPODERMICALLY.—Dr. Ciaramelli (La Sperimentale, July, 1881) claims to have obtained good results from the hypodermic use of ammonio-citrate of iron in anæmia. He reports only one case, but this is well analysed, and as Dr. Ciaramelli pertinently remarks, while it is not enough to serve as the basis of conclusions, it indicates a line of research of great value.

IRON IN THE LIVER AND SPLEEN.—Dr. Stahl, of Zurich (*London Lancet*, July 30 1881), finds that in anæmic persons, iron in considerable quantities is found in the liver and spleen. This iron is not related to the iron in the blood of these organs but is found in their parenchyma. This iron is not derived from the iron administered to anæmic patients. This fact would seem to show why certain combinations of hepatic stimulants and iron sometimes act well in anæmic individuals.

LUMBO-ABDOMINAL NEURALGIA.—Dr. Cheron (*Revue de Maladies des Femmes*) reports the following indications for the treatment of lumbo-abdominal and lumbo-sacral neuralgia in the female: First determine if the affection be connected with the utero-ovarian apparatus functionally or diathetically. In the former case, treatment of the uterine disease and external spinal treatment will cure the neuralgia, but if it be of diathetic or constitutional origin, constitutional treatment will be required in addition. In chlorotics, iron and manganese will be of course indicated. In arthritic cases, Dr. Cheron has found potassium iodide, essence of turpentine and quinine, of great service.

NERVE STRETCHING IN LOCOMOTOR ATAXIA.—Dr. Davidson reports two cases of this. (*Liverpool Medico-Chirurgical Journal; Medical and Surgical Reporter*.) The first case was thirty-six years of age, who had contracted syphilis sixteen years before. The spinal disease had existed two years, commencing with attacks of bilious vomiting, headache and hazy vision; shooting pains in the legs began twelve months later, and characteristic ataxia set in. The patellar reflex was absent. The pains and gastric attacks continued. Four days after admission both sciatic nerves were stretched by Mr. Banks, the degree of extension being forty pounds, or about half the breaking weight of the sciatic nerve. The wounds were treated antiseptically. Convalescence

was slow. At the end of three weeks, however, there was improvement in coördination and a slight return of the patellar reflex. There was no recurrence of the lightning pains and gastric attacks, and at the end of two months the patient could walk fairly well, the patellar reflex being still more evident. The second case was not so successful. The patient was thirty-four years old, and had first experienced shooting pains in the hands and arms about the spring of 1878. Since the beginning of 1879 he had suffered from frequent and severe attacks of vomiting. He was weak and emaciated, unable to walk without assistance, and his movements were characteristically ataxic, the arms being somewhat involved. The operation was performed as in the other case, and he recovered quickly from it, but the ataxia was not improved. However, the arms were better, and the pains and gastric attacks lessened. Dr. Davidson says that this case was more advanced than the other, and claims that the want of success in it "proves little against the treatment doing good in an earlier stage of the disease." However, the existence of possible remissions must be taken into account in such cases.

MYCOSIS OF THE KIDNEYS.—Dr. Lytten (*Medical Record*, November 19, 1881), recently reported two unique cases of mycosis of the kidneys. The first was a servant girl, who, when first seen, had only a slight gastric catarrh. She was taken with a chill, followed by fever and slight jaundice. Then suppression of urine, oedema, and uræmia, with coma, convulsions, and death followed, the latter occurring on the seventh day after the chill. Autopsy disclosed no special lesion, except in the kidneys. The tubules of these organs were distended with micrococci, the condition being like that sometimes found in death from diphtheria or puerperal fever. A second similar case was related. The cause of the development of the organisms was unknown to the author.

THE DEVELOPMENT OF THE SPIRILLA OF RELAPSING FEVER has been studied very successfully by R. Albrecht, (*Deutsches Archiv für Klinische Medicin*, Band xxix., Nos. 1 & 2). He has been the first to follow all phases of the life of this parasite. It is well known that the spirillæ disappear from the blood at the end of the febrile attack. This fact Albrecht explains by the hypothesis that the parasite produces substances poisonous to itself, which, however, do not attack the germs as readily. After five to eight days the germs have developed into the adult spirillæ, and the second paroxysm occurs. By this time, most of the poisonous products have been eliminated, but probably not all, so that the new production added to the remnant leads sooner to a sufficient saturation of the blood with the parasiticide. This condition is exaggerated in the following attack to such an extent as to destroy the germs and terminate the disease.

Of more interest than this ingenious hypothesis is the actual fact discovered by Albrecht that there exist germs in the blood during the apyrexia of relapsing fever. They appear in the form of granules, multiplying subsequently into conglomerations. The granules then form a zigzag row, in which they are held together by a transparent matrix. Gradually the difference between this matrix and the granules disappears, and the row is transformed into an ordinary spirilla. This development has been studied in blood kept under the microscope. But the different stages of the parasite have also been found in blood taken from a living patient at various intervals.

CHLORALATED TINCTURE OF IODINE.—

The tincture of iodine stands foremost in the list of immediate external coagulants and remedies provoking adhesive inflammation in closed cavities. Injections of iodine may bring about a cure by first as well as by second intention. The former takes place when cure results from one injection, as in ascites, hydrocele, etc.; the second

when several injections are necessary, as in atheroma and cold abscesses. Carlo Pavesi (Lo Spallanzi), to further increase the therapeutical powers of the tincture of iodine, adds to it chloral, which dissolves in it without decomposition. The resulting preparation is miscible with water without precipitation. The proportions of its ingredients are: Iodine (very pure), twenty parts; chloral hydrate, thirty parts; spirits of wine (strength thirty-six), one hundred and forty parts. The solution should be filtered, and kept in an emery-polished bottle. The liquid is of a golden color, soluble in water, and has an odor and taste which indicate its ingredients. The chloralated tincture of iodine, on account of its markedly coagulating albumen, is an excellent hæmostatic, and Dr. Pavesi considers it also very useful as an antiseptic and hypnotic.

TREATMENT OF SCURVY has lately been studied by A. Szikszay (*Pester Medicinische-Chirurgische Presse*, Nos. 25-30.) As prison physician he had large opportunities. Acting on Garrod's view that the disease is due to a deficiency of potassic salts, he prescribed various salts: the chloride, iodide and tartrate of potassium were inefficient, but the acetate of potassium produced an improvement, after as small a dose as ten grammes. About one gramme was taken every hour without unpleasant accidents. The cure required from eighteen to thirty-eight days, on an average twenty-nine, while the duration with other treatment was two to five months. An analysis of the blood showed an increase of potassic salts during the treatment.

COLLODION IN RHEUMATISM.—Dr. E. E. Rivpel, Detroit, Michigan (*Medical and Surgical Reporter*, October 8, 1881), claims very good results from the external application of caoutchouc collodion in rheumatism. The collodion is painted over the affected part or parts, and is allowed to remain there for several days.

SYPHILIS IN JAPAN.—Dr. Stuart Eldridge of Yokohama, Japan, (*Pacific Medical and Surgical Journal*) claims that syphilis in Japan is almost commensurate in its distribution with life itself but, as in all countries where syphilis is prevalent, it has, so to speak, worked out its own cure. The disease is very mild and the ordinary means of differential diagnosis, early development, plurality, absence of defined induration, and suppurating bubo are not of any value in Japan in excluding the possibility of constitutional infection.

GALVANO-PUNCTURE IN AORTIC ANEURISM.—Dr. R. Cameron, Valparaiso, Chili, (*Medical Record*, November 26, 1881), reports a case of cure of aneurism of the aorta by galvano-puncture. The patient, a man of forty, had an aneurism of the ascending arch. Two fine steel gilt needles were used, passed into the aneurism and kept there twenty minutes. In about two weeks the tumor began to flatten, and all bad symptoms gradually and permanently disappeared. The effect could not be clearly charged to galvano-puncture, as, owing to a defect in the battery, almost no current had been passing.

QUININE IN MENIERE'S DISEASE.—Féré and Demars (*Revue de Médecine*, October 10, 1881,) claim the following results from the administration of sulphate of quinine in Ménière's disease. When quinine is administered for the first time, there is a great increase of the aural symptoms as well as of the vertiginous attacks. The treatment by quinine being intermitted, there is during this period of intermission, a noticeable diminution of the aural symptoms, but vertigo recurs rather frequently. On resuming the treatment by quinine, the increase of the aural symptoms is much less marked than at the inception of the treatment. On the quinine treatment being intermitted for the second time, the diminution of the aural symptoms is very marked, and the vertiginous symptoms frequently fail to

appear intermitted, and resume in this manner several times. The increase of the aural symptoms frequently fails to make its appearance, and there is a gradual amelioration which coincides most frequently with the periods of repose. Even when the aural symptoms have markedly diminished, the vertiginous symptoms may reappear from time to time, but they finally also disappear and there remains of the disease but a very feeble, fleeting tinnitus. The patients, however, appear always to retain a doubt as to their equilibrium, and present a very anxious expression. The amount of quinine used is nine to twelve grains of quinine sulphate per diem, in one and a half grain doses. The quinine is given continuously for a week, then stopped for a like period, and then resumed; this manner of administration being kept up until the desired effect is obtained. It will of course, be necessary to warn the patient of the temporary increase of his symptoms.

PERICARDIAL DRAINAGE.—Rosenstein, of Leyden (*Lancet*), reports the case of a child ten years old who had pericardial effusion, for which the pericardium was aspirated. A second aspiration was soon again required. A relapse occurred, whereupon an opening an inch and a half long was made in the fourth intercostal space. The soft parts were divided under antiseptic treatment, and two drainage tubes inserted. After four months of treatment the patient left the hospital in good general condition. An incision into the pleura was also required. The effusion was purulent.

SITUATION OF THE STOMACH.—Dr. Lesshaft, of St. Petersburg (*Virchow's Archiv*, October, 1881), claims that the opinions ordinarily entertained by anatomists respecting the position of the stomach, are erroneous. Cruveilhier, Sappey, Quain, Ellis and His, have, for example, erroneously described the stomach as being placed horizontally in the abdominal cavity. The whole discussion shows what doubt may exist on points of descriptive anatomy.

OSTEO-TROPHIC CHANGES IN HEMIPLEGIA.

—Dr. Debove (*Gazette des Hôpitaux*) claims that having frequent occasions to see fractures in cases of hemiplegia, he has found that these fractures always occur on the hemiplegic side, there being reasons to suppose that changes take place in such cases in the osseous tissues, causing increased fragility. These facts add corroboration to much that is already known, but are scarcely as well detailed as they might be, and the types of hemiplegia are by no means very clearly demarcated.

TYPHOID FEVER CONVALESCENCE.—Dr.

Bravie (*Gazette des Hôpitaux*) claims that the convalescence of typhoid fever is marked by the following phenomena: First: The pulse and temperature approximate the normal, but at times the pulse remains frequent occasionally for a long time. Second: The weight of the body increases, and when it diminishes or remains stationary, some accident is to be feared. Third: The muscular force has a regular and constant daily increase. Fourth: Urea is excreted in large quantity when convalescence is confirmed, and when convalescence is nearly complete, it diminishes. While not of positive value, these conclusions cannot fail to be of some use as cumulative evidence.

MALARIA IN PREGNANCY.—Dr. Goth (*Schmidt's Jahrbücher*, July 26, 1881), claims that pregnant women are affected by malaria in the same ratio as other individuals. The malaria tends to induce abortion or premature labor, the danger being the greater the farther pregnancy is advanced. This occurred in forty-one and three-tenths per cent. of the cases under his charge in the Klausenburg and Maternity. Some differences are noticeable, according as the foeti are stillborn or living. In the former event the uterine contractions are brought on by the foetus acting as a foreign body, there being three factors which contribute to destroy its vitality; elevation of

the mother's temperature, especially when it attains a height of 41.5° C. or more, long-continued anæmia of the mother, and the immediate influence of the malaria. When a living child has been born, the premature uterine contractions have been excited by the febrile paroxysms. Such infants are usually much below the normal weight, and their vitality is doubtful during the first few months after birth. As regards the parturition, Goth finds that the first stage lasts almost twice as long in women suffering from malaria. The course of intermittents is not interrupted, during or by parturition, except that the paroxysms sometimes tend to occur at shorter intervals. During the puerperal period women are particularly liable to contract malaria. Whether this predisposition is due to the state of the genital tract, or to the general condition cannot yet be decided. The paroxysms at this time are often atypical. In mild cases mothers may nurse, but in severe attacks the infants should be weaned.

BERBERIN.—Dr. Curci (*London Medical Record*, October 15, 1881), comes to the following conclusions respecting berberin: First: It may be found of value in microscopy as a means of coloring tissues and rendering them resistant. Second: It will be found of value in the treatment of atonic gastro-intestinal catarrh, chronic dysentery, wounds and ulcers (in which it does not cause suppuration, and stimulates the activity of the tissues,) and finally it would seem likely to be also of value in chronic conjunctivitis. Its action on "ague cake" is doubtful, and requires study. It is certainly an excellent antipyretic, and is of value as a remedy against hæmoglobin.

MICROPHYTE OF PEMPHIGUS.—Dr. Gibier of Sorigny (*British Medical Journal*, November 26, 1881), claims to have found that pemphigus is an acute infectious parasitic disease. The disease is not contagious. The bacterium of the disease is destroyed, and the bulla become purulent.

NEURALGIA AS A WARNING.—The great prevalence of neuralgia (London Lancet) or what commonly goes by that name, should be regarded as a warning indicative of a low condition of health, which must necessarily render its subjects peculiarly susceptible to the invasion of diseases of an aggressive type. It is always essential that the vital forces should be vigorous, and the nerve power, in especial, in full development; but neuralgia indicates a low or depressed state of vitality, a poor and weak state, and should be promptly appreciated.

iodoform is very highly praised by Dr. Coesfeld, (*Deutsche Medicinische Wochenschrift*, No. 37, 1881). The strongest claim made for it is its success in tubercular meningitis. Of seven well pronounced cases of this disease, two, children, were definitely cured. The iodoform was used externally, mixed with collodion, in twenty per cent. solution, with the addition of some aromatic to disguise the odor. This was applied three times a day to the forehead, temples and nape of the neck, the previous layer being removed once a day by acetic ether. When applied to large surfaces, the collodion acts as a decided antipyretic, as may be readily shown by thermometric measurement.

THE application of large quantities of powdered iodoform to granulating surfaces does not seem to be as harmless as has been hitherto supposed. Since the recommendation by Mikulicz, German surgeons have applied iodoform in large quantities to the wounds caused by resections and carious cavities, without untoward results. But two deaths are now reported by Dr. Henry, (*Deutsche Medicinische Wochenschrift*, No. 34, 1881), not referable to anything but iodoform poisoning. One was an extended resection of the elbow, on account of fungous synovitis, with intra-muscular abscesses, in a man fifty-seven years of age. After the operation the entire cavity was packed with about one hundred

and fifty to two hundred grammes of iodoform, a quantity no larger than has often been employed. The operation had been performed antiseptically. The patient became somewhat excited and even delirious within a day, subsequently remarkably quiet. He stayed in bed with open eyes, indifferent to his surroundings, and evidently misunderstanding any questions asked him. Food was taken when handed to him, and the scanty urine passed in bed. This state increased. The temperature remained normal, but the pulse was frequent and small. The sinking in of the abdomen and stiffness of the occipital muscles gave the appearance of tubercular meningitis. The patient died on the fifth evening in deep coma, with symptoms of pulmonary oedema. The only anomalies, of consequence, revealed by the post mortem, were fatty degeneration of the heart, kidneys and liver. A second case died under similar circumstances, with the same symptoms and lesions. Cerebral depression and muscular weakness are the symptoms produced by iodoform poisoning in animals. When these appeared the dressing was removed, but without stopping the course of the poisoning. The urine was diminished in quantity and contained no albumen during life, but large quantities of iodides. The author advises caution in the use of large quantities of the substance, especially in old and feeble individuals.

WOMEN'S HOSPITALS IN CHINA.—The Women's Hospital was opened at Tienstin on October 8, in presence of Chinese officials of high rank. Mr. Angell, the United States Minister to Peking, delivered an address. Miss Howard, M. D., the American missionary lady who had the care of Lady Li, wife of the Viceroy, when her life was despaired of by her Chinese medical attendants, is in charge. The hospital just established in Tienstin, and another in Peking, are solely due to the influence of Miss Howard. Foreign medicine in China seems in consequence to be in great favor.

ULCER OF THE FOOT AND LOCOMOTOR ATAXIA.—Drs. Ball and Thibierge in a joint paper read at the late International Medical Congress, come to the following conclusions respecting perforating ulcer of the foot, when complicating locomotor ataxia: First: Perforating ulcer of the foot when complicating locomotor ataxia is a trophic disturbance due to this latter disease, analogous to the trophic joint affections. Second: The local disease is more particularly connected with such symptoms of locomotor ataxia as fulgurant pains, absence of tendon reflex and the trophic lesions. Third: Perforating ulcer of the foot may be cured though the locomotor ataxia follow its usual course. What is the exact meaning of the second conclusion, is somewhat difficult to determine. Apart from suggesting a new trophic complication of locomotor ataxia, the paper of Drs. Ball and Thibierge is of the flimsiest character.

PRIMARY EPITHELIOMA OF THE LARYNX.—Dr. D. Bryson Delaian, New York (Medical Record, December 3, 1881), reports a case of primary epithelioma of the larynx, which was of interest, because of First: Its great obscurity. There were no symptoms demonstrable which might not have been caused by a severe chronic laryngitis or by tubercular laryngitis, while the symptoms common to cancer of the larynx, with the exception of laryngeal stridor and cough upon lying down, were entirely wanting. There was no dysphagia; no reflex pain; no ulceration. No nodules were visible by laryngoscopic examination; and there was no enlargement of the cervical lymphatic glands. Second: Because epithelioma originating in the locality described above is extremely rare. Third: The nature and extent of the symptoms caused by the tumor, and its influence upon the patient's life. The œdema of the lungs, which was the immediate cause of death, was the direct result, evidently, of stenosis of the larynx, and this stenosis must have been due to one of four causes: First: oc-

clusion of the trachea by the tumor; Second: œdema; Third: ankylosis of the right crico-arytenoid articulation, complicated with œdema; Fourth: bilateral paralysis of the abductors. Examination, both before and after death, failed to demonstrate that either of the first three causes were present to a sufficient degree to seriously impede respiration, nor had the unilateral paralysis of the abductors, which had existed for a considerable length of time, produced more than a slight degree of dyspnoea. From the suddenness with which urgent dyspnoea was developed, there can be no reasonable doubt but that it was caused by an extension of the paralysis to the opposite abductors, i. e., to bilateral paralysis of the crico-arytenoidei postici. The presence of the tumor was sufficient in itself to have caused irritation and paralysis of the nerve-filaments which supplied the right crico-arytenoideus posticus, while the paralysis of the left side was due, in the absence of any peripheral cause, to "an influence propagated through the afferent fibers of the compressed and irritated vagus to the nerve-center, and thence through the efferent fibers of the other vagus to the muscles of that side." Fourth: The importance of the early performance of tracheotomy in paralysis of the abductors.

PULMONARY ENDOCARDITIS.—Acute lesions to any considerable extent on the right side of the heart are so rare, that a case recently reported by Dr. Pitres (Lancet, November 5, 1881), seems to require mention. The patient died from pneumonia, and during life there had been no suspicion of cardiac mischief. The left side of the heart was normal, but the greater part of the right ventricular infundibulum was occupied by a tumor the size of a walnut, connected by a pedicle with the right side of the pulmonary orifice. The corresponding portion of the valve had disappeared, and the anterior segment was covered with vegetations. The mass had not caused complete obstruction.

ETIOLOGY OF URIEMIA.—Astaschewsky, (*Allgemeine Medicinische Central Zeitung*, July 27, 1881,) has, after tying both ureters, injected into the femoral vein of dogs, large quantities of urine, urea, creatinin, etc. He claims that urea plays no rôle in the development of uræmia; that creatinin produces only doubtful effects; but that the inorganic constituents of the urine, when injected into the circulation in sufficient amount, give rise to symptoms closely resembling those of uræmia, and often lead to a rapidly fatal result. From this it would seem that very great importance should be attached to the insufficient excretion of the inorganic constituents of the urine, particularly the salts of potash, in patients affected with nephritis, and that uræmia is essentially a self-intoxication with inorganic substances.

PARANGI.—Under this cognomen, Mr. Kinsey (*British Medical Journal*) describes a specific disease, produced by causes which lead to debilitation of the system and propagated by contagion, through an abrasion or sore, or sometimes by simple contact with a sound surface. It has an ill-defined period of incubation, followed by premonitory symptoms referable to the system generally, then by the evolution of successive crops of a characteristic eruption, which pass on in anæmic subjects into unhealthy ulcers whose cicatrices are very prone to contraction. It runs a definite course, attacking all ages, and is amenable to appropriate treatment. The disease seems to develop especially in places where the water-supply, in as Ceylon, is insufficient or poor. The generally unhygienic mode of life of the people, helps on the action of the disease. Parangi, once developed, spreads generally by contagion from the discharges of the eruptions and ulcers. The natural secretions do not convey the contagion. It is sometimes inherited. In the disease there are four stages. The first is that of incubation, which lasts from two weeks to two months. A sore will be found

at this time, generally over some bony prominence. The second is the stage of invasion, and is characterized by slight fever, malaise, and dull pains in the joints. When this stage comes on, the initial sore heals. This second stage lasts only from two to seven days, and ends with an eruption which ushers in the third stage. The eruption appears in crops, the first often showing itself on the face, the next on the body, and the last on the extremities. This latter stage of the disease continues for several weeks or months, and ends either in convalescence or a train of sequelæ which may last for years. Parangi may attack any one, though the poorly fed and housed are more susceptible. One attack seems to confer immunity from another. Although some of the sequelæ of the disease are very painful, yet death does not often directly result from them, nor is the disease itself a fatal one. Persons who have passed safely through parangi are not left in impaired health, but often live to an old age. Parangi, as Mr. Kensley remarks, has many resemblances to the yows so frequent in the West Indies.

NEPHRITIS OF PREGNANCY.—Leyden (*St. Petersburger Medicinische Wochenschrift*, September 3, 1881) claims that four different kinds of nephritic affections occur during pregnancy. First: A form resulting from the peculiar circulatory conditions of the pregnant condition, which affects a previously healthy kidney, is not a true inflammation, and consists, anatomico-pathologically, of fatty degeneration and anæmia of the swollen cortical substance, resembling somewhat the second stage of a typical nephritis. The symptoms present are a scanty secretion of urine, containing a large amount of albumen, and but few formed elements in the sediment. The patient readily recovers, the albuminuria disappearing a few days after parturition. The second form: Nephritis ex graviditate seu ex puerperis in an acute nephritis which is characterized by copious sediment

in the urine, numerous blood corpuscles, casts, epithelial cells. The third form is pyelo-nephritis which occurs infrequently. The urine contains blood and pus corpuscles, casts and albumen, backache is frequently present, and is very annoying. The fourth form is that produced by the accidental complication of pregnancy by acute or chronic nephritis. In this case œdema appears early, the sediment closely resembles the first class of cases, but more fat granules are present, and there are more tough, hard and glossy casts. It is important to determine whether renal disease has existed before the inception of pregnancy, because, then the disease usually becomes aggravated after parturition, while the simple "kidney of pregnancy" tends to quick recovery.

SENILE DEGENERATION OF MEMBRANA TYMPANI has been recently investigated by Dr. Cineselli (*Il Morgagni*, March, 1881.) with reference to the production of senile deafness. On comparing the membrane of a man sixty-five years of age with that of a man twenty-three years of age, the former was found to be dotted, chiefly at its center, with finely granular matter, while the latter had no trace of such an appearance. The effect on this of acids established its calcareous nature. Dr. Cineselli has made observations upon thirty-five individuals, and has arrived at the following conclusions: The calcareous degeneration of the membrana tympani commences between the thirtieth and thirty-fifth year, and, progressing uninterruptedly, completely incrusts the surface of the drum by the sixty-fifth or seventieth year. Occasionally the calcareous degeneration involves the radiating fibres of the drum, and the cartilage, which corresponds to the malleus, in which the central radiating fibres of the drum terminate. He is of the opinion that this degeneration produces the deafness of old age by diminishing the rapidity and the amplitude of the membrana tympani vibrations.

NITROUS OXIDE IN MIDWIFERY.—Dr. S. Klikowitsch (*Archiv für Gynäkologie*, XVIII, 1, 1881), claims that the use of nitrous oxide gas in midwifery is attended by the following advantages: First: Perfect freedom from danger to both mother and child, unattended by disturbance of parturition. Second: Unquestionable anodyne action in all stages of labor. Third: Consciousness is not diminished during the highest degree of anæsthesia obtained by mixing oxygen and nitrous oxide gas. Fourth: Complete absence of vomiting and in many cases control of already existent vomiting. There are no unpleasant prodromata or sequelæ. Fifth: It has not any cumulative action. Sixth: The administration of nitrous oxide gas by a non-medical person is permissible.

HÆMATOGENESIS AND THE SPLEEN.—Bizzozero and Salvioli have endeavored to stimulate the hæmatogenetic function of the spleen, and have succeeded in the case of dogs and guinea pigs, but failed with rabbits. This failure explains the negative results of Neumann and Treyer. The spleen of animals thus treated is swollen, soft, light red in color, and on microscopical examination gives evidence of the early forms of blood corpuscles such as are also found in the embryonal spleen. Bizzozero and Salvioli conclude, in opposition to Neumann and Treyer, that both red and white corpuscles are formed in the spleen.

EXCISION OF THE SCAPULA.—Dr. T. Alcock Nixon, of Mercer's Hospital, Dublin (*British Medical Journal*, November 26, 1881), has recently removed the entire right scapula, to which was attached a large and rapidly growing tumor of the small celled sarcoma variety, weighing four pounds. The patient was a boy of sixteen years, and at last accounts was doing well. This is the first operation of the kind on record in Ireland. There have been but three operations of the kind performed in Ireland, and these were all partial.

NASCENT IODIDE OF SILVER IN CONJUNCTIVITIS.—Dr. Sédan (*Recueil d'Ophthalmologie*, May, 1881,) has recently instituted a series of observations, with this remedy, in Algeria, where chronic conjunctivitis is very frequent, and found it decidedly efficacious, both as a prophylactic and in the cure of acute and chronic cases. Two solutions are requisite for the manufacture of the nascent iodide. One of these is a solution of the iodide of potassium, three grammes and thirty-two centigrammes in ten grammes of distilled water. The other solution is composed of nitrate of silver, three grammes and fifty-six centigrammes in ten grammes of distilled water. Both solutions are preserved in bottles made of colored glass. The nascent iodide of silver is prepared by dipping separate glass rods into either solution, withdrawing a drop of each and subsequently mingling them on a piece of porcelain. The resulting precipitate is placed upon the everted lower lid and thence allowed to diffuse over the entire conjunctiva. The iodide thus prepared dissolves very slowly in the ocular fluids, and produces protracted pain, which may be obviated by the employment of glycerine as the menstruum. The border of the lids should be anointed with vaseline to prevent them from becoming adherent. Dr. Sédan has had constant, rapid, perfect, and permanent results in more than three hundred cases from the treatment in question. He states that a single application will often cure simple cases, while in ninety-two out of one hundred cases, selected at random, less than four applications were found necessary to effect a cure.

SANGUINEOUS TUMOR OF THE RIGHT VOCAL CORD.—Dr. G. Coupard reports (*Revue Mensuelle de Laryngologie, d'Otologie et de Rhinologie*, July 1, 1881,) a rare case of sanguineous laryngeal tumor. The patient noticed a change in voice a year before coming under treatment. The difficulty of speech gradually increased during a period

of six months, and then remained stationary. The patient enjoyed good health, and experienced no pain in the larynx. He had granular pharyngitis. On laryngoscopic examination the epiglottis was hyperæmic. The true vocal cords were reddened and had lost their normal polish. A bilobate polypus, of a bright red color, without a pedicle, occupied the middle third of the right inferior vocal cord. It was eight millimetres in length and six millimetres broad. The polypus was removed by the forceps, and four applications of zinc chloride restored the cords to their natural color, and the voice to its normal condition.

TREATMENT OF CARBUNCLE.—Dr. S. Baruch, of New York (*American Medical Bi-Weekly*, December 3, 1881), says that the carbolic acid treatment of carbuncle is of great value. The pure carbolic acid liquified and held in liquid form by a few drops of glycerine, is freely carried by a camel's hair brush into every open point, after the slough channel has been cleansed by a pointed tent of linen. This application must be made thoroughly, but very gently. The pain will not be severe, and its necessary daily repetition will not be dreaded by the patient. After this application, collodion is freely brushed in three or more successive coats over the entire diseased surface, extending a few lines beyond the outline even. A doubled piece of linen, having a central opening to admit the sloughing portion of the carbuncle, is now laid upon the collodion-covered surface. A light flaxseed poultice is placed over the former, and renewed several times a day. Muriated tincture of iron and quinine, milk, and any nutriment the patient can be induced to take, should be freely administered. Anodynes should be prescribed whenever necessary, with a view to allay pain and prevent loss of sleep, but are rarely needed after the first day. If the case progresses favorably, the collodion dressing is continued daily, but the carbolic acid may be omitted every other day.

LOCAL.

COOK COUNTY HOSPITAL.

By a recent action of the County Commissioners, two wards of the hospital are to be given over to the tender mercies of the Hahnemaniacs about January 1, 1882. The two wards in question are medical A, and surgical ward E, Pavilion 2. The additional medical board under the new régime, consists of Drs. G. H. Hall, W. J. Hawkes, C. Adams, J. R. Kippax, W. H. Saunders, C. B. Gatchell, and T. D. Williams.

Three hundred and forty-eight patients were on the hospital record on December 4. Dr. B. C. Meacher is now house surgeon, Dr. Frank Billings first assistant, in charge of the lying-in wards and of the eye and ear department, and Dr. J. A. Fordyce second assistant. Dr. Herbert Kendall is house physician; Dr. Mary E. Bates, first assistant and examining physician, and Dr. Hammon second assistant. An interesting case of tetanus is now in the hospital. The patient, a man thirty years of age, in jumping from a wagon, ran the tine of a pitchfork through his foot. For this injury he entered the hospital and was discharged cured in about a week. Five days thereafter he re-entered the hospital suffering from tetanus. The right sciatic and crural nerves were stretched by Dr. Lee without apparent benefit. They were then re-stretched, and the patient is now on the high road to recovery, can separate his jaws half an inch, feels well and is remarkably cheerful. This is, we believe, the second successful case of nerve-stretching in tetanus, performed at the hospital.

TELEPHONIC TROUBLES.

Mistakes may happen even in the best regulated families. Here is an example. Chicago is blessed with a druggist of great experience and staid, modest habits of demeanor. It is his custom to replenish his stock when necessary, by ordering by telephone from other houses in the same line

of business. With this purpose in view he called up such a house, and supposed he had it, when in fact he was still speaking to the telephone office. He was overwhelmed with chagrin and shame when in reply to his question "Have you large black nipples?" only a hearty soprano cachinnation was returned from the female operator in the office. For a number of days thereafter he was compelled to repeat his blushes as he caught the lady's laughter whenever she heard the tones of his voice on the wire.

CHICAGO PATHOLOGICAL SOCIETY.

This society held its regular monthly meeting at the residence of the President, Dr. H. M. Lyman, 533 West Adams St., on the evening of November 28. Drs. W. H. Morgan, J. Haven, C. B. Shipman and J. W. Meek were elected members. Dr. Robinson reported a case of aneurism of the aorta, and presented specimen. Dr. Lyman reported a case of rupture of the left ventricle, with specimen. Dr. Lyon gave an oral review of Gubler's Therapeutics. Dr. E. L. Holmes reported a case of aneurism of the orbit and one of traumatic injury of the iris. Dr. Millard reported a case of abscess of the liver. The society then adjourned to meet December 26.

CHICAGO MEDICAL SOCIETY.

At the December 5 meeting of this society, the discussion of Dr. Curtis' paper on "Disposal of the Dead" was continued. Dr. Purdy agreed with the essayist as to the deleterious influences of graveyards. Drs. Hotz and Bogue also favored cremation. Dr. Holmes said that in cities cremation was necessary, but that in the country interment was not attended by any considerable danger. Drs. Gaston, Leonard, Valin and L. H. Montgomery, favored cremation; the latter gentleman considering the question from an æsthetic aspect. Dr. E. Ingals appeared to look rather at popular prejudice against cremation than at the hygienic arguments in its favor. Dr. Curtis, in closing the discussion,

said that people were not so violently opposed to cremation as was commonly supposed. Legislative enactments can in all probability never be made compelling vaccination. Popular opinion only can bring cremation into general use.

Dr. F. C. Hotz then presented a paper on "Malarial Keratitis." This disease was first clearly differentiated from other diseases of the cornea by Dr. Charles J. Kipp of Newark, New Jersey. Dr. Hotz then described malarial ulcer of the cornea. He usually employed quinine in two-grain doses, every two hours. Dr. W. T. Montgomery said that he had had some experience with the disease, and always employed quinine. Dr. E. L. Holmes prescribed Quinia, Iron and Strychnia. Dr. Starkey had seen a case of the disease, which improved under the use of quinine. Dr. Hotz also exhibited a splinter of wood two inches long, and about three-eighths of an inch square, removed from the left orbit of a boy two years of age, who subsequently died from tetanus. After remarks upon the case by Drs. Bogue and Holmes, the society adjourned.

STATE MICROSCOPICAL SOCIETY.

The regular meeting of this society was held November 11. Owing to the unavoidable absence of Dr. Mercer, the paper announced for the evening was postponed. Mr. Langguth exhibited a new stand, the "International," by Beck, of London, and described its leading features, and stated in conclusion that its cost was four hundred and fifty dollars. The meeting was then declared informal.

CHEMICAL DIFFERENCE BETWEEN LIFE AND DEATH.—Dr. Loew and Bokorny (Pflügers Archiv) claim to have found that living protoplasm, has in an eminent degree, the power of reducing the noble metals from solutions, and that it loses this property when death occurs. They claim that the phenomenon denoted by the term life, depends essentially on this power of reducing the noble metals.

Dr. Vulpian, dean of the Paris Faculty of Medicine, has resigned his position.

Dr. William Ramsay has been appointed Principal of University College, Bristol.

Dr. WORLSEY JOHNSON has been appointed a health commissioner of New York C. ty.

Dr. Thomas M. Greenhow, of Newcastle-on-Tyne, England, died recently, aged ninety years.

Dr. George Johnson has been elected President of the College of Physicians in Ireland for 1882.

Dr. W. F. JENKS, a leading gynæcologist of Philadelphia, Pennsylvania, died October 31, 1881.

MR. SPENCER WELLS recently removed, with thus far apparent success, a gravid cancerous uterus.

MR. CLARK, of O. N. T. thread fame, has bequeathed thirty thousand dollars to the infirmary of Paisley, Scotland.

Dr. Alfred McClintock, the editor of the Sydenham Society's edition of Smellies Midwifery, died October 21.

MADRID, Spain, has twenty-three medical journals, and two thousand one hundred and seventy-eight medical students.

Dr. Walter G. Smith has been elected Professor of Materia Medica and Practical Pharmacy in the College of Physicians in Ireland.

BACILLUS OF TYPHOID.—Dr. Eberth, of Zurich, Switzerland (Virchow's Archiv) claims to have determined that in most cases of typhoid, a bacillus exists.

Dr. TOULIS, a leading laryngologist of Edinburgh, Scotland, died October 31, from diphtheria contracted from a patient on whom he had performed tracheotomy.

EUCALYPTUS IN BRONCHITIS.—Dr. Bell (New York Medical Times), claims very good results from teaspoonful doses of the tincture of eucalyptus, in chronic bronchitis. He usually gives the agent well diluted with water twice a day.

ORIGINAL CONTRIBUTIONS.

*ANAL FISTULÆ IN WOMEN.**Notes on their Surgical Treatment.*

BY ALEXANDER J. C. SKENE, M.D.

Professor of Gynecology, Long Island College Hospital
Brooklyn, New York.

Having had several very unsatisfactory results in treating fistula in ano according to the usual methods of surgery, I determined to seek some other means better adapted to the relief of that affection of the rectum. The history of my own failures and of those which I have seen after treatment by other surgeons, may be the best introduction to what I have to say on this subject. My first case, treated in hospital, was a dissipated woman, who did not know her age, but appeared to be about sixty. She had a very severe purulent vaginitis, presumed to be a neglected gonorrhœa, and she had also a fistulous opening extending from the side of the perinæum about three-quarters of an inch from the mesial line, into the rectum above the sphincter muscle. When the vaginitis was relieved, I treated the fistula by laying it open in the usual way and placing some lint in the wound so as to make it heal by granulation from the bottom; in this I was disappointed. The divided surfaces slowly healed over, but did not unite by intervening granulations nor by new tissue. The result was that the divided ends of the sphincter muscle were never united and the patient lost the retaining power of her rectum. During the healing process, applications were made to the parts, in the hope of exciting proliferations to fill in the space, but without avail. The patient, a disgusting creature to begin with, became much worse after the operation. While I was thinking of some way to restore her sphincter, she was granted leave of absence from the hospital one afternoon, and promptly getting drunk, was arrested and sent to jail next morning by the police judge, who remembered her of old. What her subsequent history was I do not know, but I do know that I felt relieved when I heard of the disposition made of her by the judge.

The next case of fistula occurred in private practice; it was that of a young lady, who broke down from overtaxation and dysmenorrhœa. She had a pelvic abscess and finally a fistula, which I was called on to treat, after her physician had partially

restored her health. The external opening of the fistula was situated in the anterior lateral portion of the perinæum. Owing to my experience with my hospital patient I was unwilling to operate in the same way; but gladly decided to employ the elastic ligature, strongly recommended at that time in the treatment of fistula. Accordingly, I passed the ligature through the canal and bringing the end out through the anus, tied it rather tightly. Considerable pain, which caused my patient great suffering, followed and lighted up many of the old nervous symptoms from which she had just recovered. The ligature cut its way outward rather too rapidly perhaps, and in six days all the tissues were divided except a very small portion of skin, which I snipped with scissors. The parts healed over, but the ends of the sphincter muscle did not unite. In fact, the result was about the same as in my hospital case. For a long time the retaining power of the rectum was completely lost. Two years after the operation I examined her and found that the contraction of the scar tissue had brought the ends of the muscle nearer together, but still, the function of the sphincter was imperfect. The patient was unable to retain fluid fæces or gas, although when slightly constipated, she experienced very little trouble.

Two other cases have come under my observation, in which the conditions presented were very much like those described in my own cases. The first one was a lady of thirty-two years of age, married for ten, and sterile. For three years she had suffered from a painful growth at the meatus urinarius; this gave rise to so great tenderness as to prevent the sexual function and to cause distress during micturition. The tumor was removed and the parts healed well after the operation, but still she had symptoms of vaginismus, which compelled her to return for farther treatment. A careful examination of the parts revealed the following condition: The perinæum was shorter than normal and was drawn upwards by the action of the sphincter vaginae muscle until it nearly closed the introitus vaginae. The rectum appeared to be also drawn forward so that the distance from the posterior wall of the rectum to the meatus urinarius was altogether shorter than we usually find it. A scar was formed on the right margin of the anus. The function of the sphincter ani was impaired. Upon inquiry I learned that seven years

before she had been operated on for fistula and ever since had not had complete control of the rectum.

The other case referred to so closely resembled in history those just given that it need not be related in full. The only point of difference was that this patient sought advice regarding her want of control of the rectum. It will be observed that in all four of these cases, the fistulæ were situated either upon the anterior or lateral sides of the anus. A question here arises, whether the operation for a fistula situated more towards the posterior side of the rectum would terminate in the same unfavorable way. This I cannot answer, as I have never seen a case. I cannot, however, see any reason why it should not do so. I am not disposed to believe that the results obtained in the operation for fistula in ano are always so unfortunate as in the cases recorded here. If that had proved to be the case, the attention of surgeons would have been given to the subject long ago.

That the power of the sphincter ani muscle is lost in a large number of cases after the operation is, I believe, a fact. I might go farther than this, and say that, in all cases in which the fistula is located completely outside of the muscle, and it is, therefore, necessary to divide the sphincter in operating, there is great danger that it will not be fully restored. The divided muscle retracts and the space between its ends is filled in very slowly with new tissue; as a result there is usually a large amount of scar-tissue necessary to connect the two ends together. This must impair its functions, if it does not entirely destroy it. In a healthy subject in whom the termination of the fistula does not extend far outward, and the induration of the tissues around the canal is not extensive, the healing process may go on rapidly, thus connecting the ends of the muscle by means of intervening new tissue. Under such circumstances, the function of the muscle may be retained. On the other hand, if the fistula extends from high up in the rectum to a point some distance outside of the muscle, the operation is almost sure to be a failure. Of course, the greater the amount of tissue between the rectum and the fistula, the farther will the ends of the muscle be separated by retraction, and the longer will the parts be in healing. In such cases the function of the sphincter is very liable to be impaired. When the fistula is located beneath the mucous membrane only, then a perfect re-

sult can always be obtained. Mr. John Gray (Lancet, December 11, 1880), states that operative treatment should be deferred until the walls of the abscess, as well as the consequent fistulous tract, have assumed a condition of health and a disposition to take on a healing process. This is certainly a good rule in surgery, because it secures, as far as possible, the condition necessary to prevent fæcal incontinence. In order to avoid such unfavorable results, it was evidently necessary to operate without dividing the sphincter muscle, or, if that were impracticable, to secure union of the divided ends of the muscle with the least possible quantity of intervening new tissue.

In the hope of curing the fistula without dividing the sphincter, the following method was adopted: An incision was made through the skin and lower part of the sinus, large enough to admit two fingers below, and one at the upper end of the wound. The edges of the wound were held apart with retractors, and the opening into the rectum was found and brought into view by passing the finger into the rectum and everting the rectal wall through the wound. The edges of the opening in the rectal wall were then pared with the scissors, and two or more catgut sutures were introduced and tied. The external edges of the wound were kept apart by a pledget of carbolyzed lint, which was changed every day until the wound healed. The idea was, to first convert a complete fistula into a blind, external one, and then finish the cure by compelling the external sinus to heal from below, outward. To prevent any strain upon the sutures by distention of the rectum, I paralyzed the sphincter by overdistention and kept the bowels free by saline laxatives. Of two cases treated in this way one was a success, and the other only partially so, as the opening into the rectum closed, but a blind, external fistula remained.

Regarding this method of treating fistulæ I can only say, that the danger of loosing the sphincter muscle is avoided, which is very important, but still there are objections to it. The operation is difficult to perform, at least, the closing of the opening in the rectum with sutures is not easy, and then, my impression is, that it will fail to cure some cases.

While thinking of some other method of treatment more satisfactory than that given above, I noticed a suggestion (in the Chicago Medical Review) by Dr. Dudley,

to lay open the fistula, trim off the indurated tissues along its track, and then treat, as a lacerated perinæum, with sutures. It occurs to me that this method is deserving of a trial, and I shall put it to the test of practice as soon as I can get a chance. It is as yet impossible to tell what the results may be, but I think that it promises as much as the method which I have used. Both methods ought to be fully tried, for there is need of some kind of treatment which will give better results than the ordinary operation for fistula in uno, which has been so long practised.

CORRESPONDENCE.

NEW YORK ACADEMY OF MEDICINE.

NEW YORK, December 10, 1881.

At the November 3 meeting of this society Dr. T. A. McBride read a paper on the early diagnosis of chronic Bright's disease. The author first considered only that form of the disease which began insidiously, progressed slowly, and gave the cirrhotic, granular, or atrophic kidney; but there were certain cases of chronic parenchymatous nephritis, and also certain other cases of chronic diffuse nephritis, which began equally as insidiously, and progressed as slowly as did the form of the disease in which the atrophied kidney was found. Most of the signs and symptoms of the atrophic kidney were common to the other chronic forms of Bright's disease; but Dr. McBride mentioned: First: Those cases in which the symptoms and signs present were well-marked: Cases which had existed for some time, and in which extensive anasarca and œdema had appeared. Second: The class of cases in which no symptoms appeared until the patient received some injury, or was attacked by some disease, as pneumonia, tonsillitis, etc. Third: The class of cases in which the disease, in patients heretofore supposed to be healthy, was ushered in with a convulsion, coma, fever and head symptoms, etc. Fourth: A series of six cases in which lithæmia terminated in chronic Bright's disease. Lastly, he called attention to the probable fact that chronic diffuse disease of the kidneys, and of the arteries, was produced most commonly by the circulation and elimination of certain excrementitious material present in the blood, and that fact had its value in making a diagnosis.

The subjective symptoms of chronic

Bright's disease were: headache (frontal, vertical, occipital), deafness, amblyopia, dyspnœa (spasmodic, Cheyne-Stokes, heart-disease, etc.), dyspepsia, nausea, vomiting, etc. The objective symptoms were: First: Pallor of the skin and mucous membranes, baldness, gray and dry hair; Second: Dry skin; Third: Permanent pulsating tortuous temporal arteries; Fourth: Eye of Bright's disease; Fifth: subconjunctival œdema; Sixth: Odor of the breath; Seventh: Emaciation; Eighth: Œdema of the legs (present in health); Ninth: Condition of the urine; Odor, frothing, frequency of passing it, quantity in twenty-four hours, specific gravity, color, albumen, tube-casts; Tenth: Increased arterial tension; Eleventh: Hypertrophy of the heart; Twelfth: Endarteritis chronica; Thirteenth: Coma and convulsions. With reference to the urine, it was a general fact that the longer the disease continued, the greater would be the quantity excreted. Attention had been directed by Dr. Alonzo Clark in 1861, to the fact that the urine was inodorous. In chronic parenchymatous nephritis, the quantity of urine passed in twenty-four hours was usually above the normal, and the greater the quantity the less frequent were the returns to the normal. In chronic diffuse nephritis the quantity of urine was apt to be small at first, then became increased, and then diminished, and perhaps suppressed; but in general the longer the patient lived, the larger the quantity excreted.

Quotations were made from Bartels and Grainger-Stewart, to the effect that, in most chronic cases, whether the Bright's disease succeeded an acute attack or was a chronic process primarily, the quantity of urine excreted in twenty-four hours was increased. One should bear in mind, however, the fact, in taking the quantity, that any cause which led to diminution in arterial tension, any cause which led to over-distention of the right side of the heart, might lead to reduction in the quantity of urine to the normal, or even below. A careful examination of the urine with reference to the quantity passed in twenty-four hours, was an important aid in diagnosis.

The specific gravity of the urine in chronic parenchymatous nephritis did not differ much from normal; usually from one thousand and twenty to one thousand and twenty-five; might be as high as one thousand and thirty to one thousand and thirty-

five, or as low as one thousand and five to one thousand and twenty. In chronic diffuse nephritis the specific gravity was regularly below the normal; usually below one thousand and twenty, frequently one thousand and ten or under. Numberless observations, almost, had convinced him that, in extreme cases of this variety of kidney disease, although the quantity of urine might be small, the specific gravity could not rise above one thousand and nine or one thousand and eleven. Here, again, the general statement held good, that the longer the disease existed, the lower would be the specific gravity of the urine; but, in making the estimation in any stage of the disease, it was necessary to consider those causes and conditions which might produce an increase in the specific gravity.

The presence of albumen in the urine was next considered, and reference made to tests, with the conditions necessary in order to render them reliable. It was also especially important to bear in mind the fact that albumen might be temporarily present in apparent health, and in connection with several diseases. It was frequently found in the urine of patients suffering from li. hæmia, although the excretion might have a high specific gravity and be loaded with urates. Dr. McBride also directed attention to some of the theories offered in explanation of the temporary presence of albumen in the urine in health. If, however, with proper care in testing, he found albumen; if there was a strong hereditary tendency to Bright's disease; if the patient had high arterial tension, perhaps one of the diseases resulting from high tension, or one of the diseases so often associated with Bright's disease; or if there was present a disease to which Bright's disease was often secondary, he believed that he was justified in stating that the albumen was a symptom of beginning structural disease of the kidney. The presence of casts in the urine was not so important a symptom as was at one time supposed. It was doubtful whether casts were ever obtained from beyond the down-looping tubes of Henlé, although cast-material might be forced through the loops from the labyrinth of the kidney. Dr. McBride then directed attention to increased arterial tension and regarded it as a most constant and valuable symptom of Bright's disease, but especially of the chronic forms. It is not entirely constant and con-

tinuous, but when absent an explanation could usually be afforded. To appreciate the symptom, much experience and constant practice were required, unless aided by instruments of precision, such as the sphygmograph, etc. In extreme cases the temporal arteries were hard and tortuous, and apt to present visible pulsations, and the radial artery felt like a tendon, or like the vas deferens.

The sphygmographs of Marey, Mahomed, and Pond were then exhibited and their practical use explained. The best sphygmograph in use was Brondel's. Hypertrophy of the left ventricle of the heart was shown to be a very constant symptom. With malnutrition, the hypertrophy did not occur. Its absence might also be explained by the patient's general nutrition and the external condition to which he was subject, and the same factors would influence the course and issue of the renal disease. Endarteritis chronica was a very common symptom. Certain diseases were associated with or were common to Bright's disease. Pneumonia occurring in persons over forty-five years of age was very frequently associated with Bright's disease. Cerebral hemorrhage in a person over fifty years of age was almost invariably associated with the small kidney. Peritonitis, when the common causes were excluded, was very properly due to Bright's disease. Pericarditis, pleurisy and cirrhosis of the liver, might also be associated with chronic Bright's disease.

Acute Bright's disease occurred most frequently between the ages of one and forty years; chronic parenchymatous nephritis between the ages of thirty and sixty years, and chronic diffuse nephritis (small kidney and large white) between the ages of forty and eighty years. Dr. McBride then spoke of hereditary influence, and quoted from Delafield to the effect that, while the disease might not be transmitted from father to son, it was very often found that a number of cases occurred in the same family. The disease also seemed to have a certain relation to chronic pulmonary phthisis; that is, some of the members of a family in which phthisis existed did not have consumption, but suffered from chronic diffuse nephritis. The sudden occurrence of convulsions might be the first symptom of the disease.

Dyspepsia, so frequently associated with chronic Bright's disease, was sometimes a cause and sometimes a consequence. Pain

and uneasiness after taking food, flatulent distention of the bowels, constipation and diarrhoea alternately, were frequently attended with turbidity of the urine, small quantity, high colored, loaded with urates, which, after a time gave way to a more copious discharge of urine, with low specific gravity, albumen and granular casts. That view entertained by Murchison, who quoted from George Johnson, was announced by Parks in the *Medical Times and Gazette* in 1854. In the early diagnosis of chronic Bright's disease, the observer must give close attention: First: To age, hereditary influence, and other subjective symptoms: Second: To objective symptoms, particularly changes in the urine, increased arterial tension, diseased condition of the blood vessels, cardiac hypertrophy; Third: To the associated diseases or complications of Bright's disease: Fourth; To the diseases to which chronic Bright's disease occurred secondarily; Fifth: To the previous condition of the patient, as to whether he has suffered from lithæmia, lead-poisoning, syphilis, or other poisons. When that ground had been intelligently covered, the diagnosis of chronic Bright's disease could be arrived at in its earliest stages, and perhaps be appreciated while yet it had a functional existence.

Dr. Austin Flint said that Dr. McBride's elaborate and comprehensive paper involved questions of great importance. The author of the paper had directed attention to those points which might lead to presumptive diagnosis even before the changes in the urine and other phenomena which established the positive diagnosis were developed, a very important part of the subject. On the other hand, cases had been under Dr. Flint's observation in which a trace of albumen and casts in the urine had proved to be transient, and although a great deal of uneasiness existed at the time lest they were the indications of structural changes, the symptoms had disappeared, and the persons had remained healthy. Another important aspect was the fact that in some cases only one uræmic effect was manifested prominently; for example, a frequently recurring intense cephalalgia. Hypertrophy of the heart without valvular lesion he regarded as presumptive, almost conclusive, evidence of the existence of the cirrhotic kidney. Dyspnoea might be the only prominent symptom, and without any evidence whatever of pulmonary or cardiac affections fur-

nished by physical examination of the chest. Cases presented themselves in which gastric symptoms only were present. When the uræmic manifestation was thus developed in a single direction, there was great liability to errors in diagnosis. Another interesting question in connection with chronic Bright's disease was the degree of tolerance exhibited in some cases.

Dr. Delafield thought there was danger in being influenced too much by the observations of English authorities. It was important to remember that the conditions under which diseases were observed in England were somewhat different from what existed in this country. In England, the character of the climate, the race, the food, and the drinks, gave rise commonly to certain conditions which, indeed, were met here, but not to anything like the same degree and extent as there. In England, the functional disorders of the liver, lithæmia and its attendant symptoms, the condition of high arterial tension, a very large amount of hereditary gout, and the disposition which the climate gave to rheumatic diseases; all these produced in a large proportion to the population, a certain train of symptoms; and besides that, the fact also that chronic diffuse nephritis was very common in England, the association of those two separate conditions had led English observers into a somewhat local way of putting together two factors which were not necessarily connected with each other. Because they had found in the same persons the symptoms mentioned as belonging to functional disturbances of the liver, etc., and chronic Bright's disease, especially the atrophic form, they had mixed the two conditions together, and Dr. Delafield thought that a great deal of confusion had arisen in that way. There was one form of Bright's disease which was perhaps, the most obscure of all; it was that which existed in those cases in which, for a number of years, there were absolutely no symptoms except loss of health, flesh and strength. There might be neither gastric, cerebral, nor urinary symptoms; but, after a time the urine showed a slight increase of albumen, and this, perhaps, only after meals or after exercise, and other symptoms followed. The specific gravity of the urine in these cases was usually low from the beginning.

Another important point was the fact, which must be admitted, that the symptoms obtained during life were not entire-

ly dependent upon the lesion in the kidney. We had to admit that the symptoms were due to two things: partly to the lesion in the kidney, and partly to the functional disturbance of the kidney, superadded to those produced by the lesion. A patient might die with the most marked symptoms of chronic Bright's disease, and at the autopsy only very slight lesions be found; and, on the other hand, patients died with absolutely no symptoms of Bright's disease, and at the autopsy the most marked lesions of the kidney were found. Besides, there was the ordinary clinical appearance, that a patient with kidney-lesion continuously, would, part of the time, give symptoms, and a portion of the time give no symptoms whatever. It must be admitted, therefore, without hesitation, that the clinical symptoms, as met with, were due to something more than the mere lesion of the kidney, and that we had to deal with functional disturbances, which were a large factor in the manifestations of the disease. This fact gave some encouragement with regard to treatment. If the symptoms were capable of being modified by changes in the functional disturbance, we might hope to be able to do something in that direction, and thus modify the suffering of the patient.

Dr. W. H. Draper thought that the early diagnosis of parenchymatous nephritis was not difficult, in many cases at least, inasmuch as, in the acute form especially, the case was apt to begin with more or less prominent symptoms which directed attention to the kidneys. He thought that it was with reference to the cirrhotic kidney that we needed means for making an early diagnosis; for, when the disease was diagnosed, it had, as a rule, already made great progress. He regarded that part of the paper which dealt with functional disturbances preceding the appearance of albumen in the urine, and might precede even marked development of arterial change, as especially interesting, because those phenomena were most important elements in early diagnosis. He did not agree with the suggestion made by Dr. Delafield, that there was a very marked difference between the causes which led to the chronic forms of Bright's disease in this country and in England. He believed that we ate and drank as much, and had as many of those disturbances of the digestive organs which ultimately led to chronic disease of the liver and kidney, in this coun-

try as in England. His own experience for a considerable time, had led him to believe that the functional disorders of the liver, as they were ordinarily described, had a great deal to do with the ultimate development of those changes seen in the arterial system and in the parenchymatous organs, and which terminated in chronic hepatic and renal disease. He had been inclined to believe that the observations of Gull and Sutton, on what they termed "arterial capillary fibrosis," had in their relation to chronic atrophy of the kidney a very important bearing. If their observations were well-founded, the idea suggested by Dr. McBride, that the long-continued irritation of the blood-vessels, by the circulation in the blood of irritant, imperfectly oxygenized nitrogenous matters, constituted the real and the primary element in the development of the atrophic kidney, was not unreasonable. Another thing which led him to believe in the influence of irritants in producing kidney disease, was that he had seen a considerable number of cases of cirrhotic kidney in persons who had been poisoned by lead. So far as that particular form of renal disease was concerned, he believed that Dr. McBride had brought a very important subject to the notice of the profession, namely, that the functional disorders of digestion, especially those which are accompanied by lithæmia, constituted the foundation of a very large proportion of the atrophic changes which occurred in the blood-vessels and parenchymatous organs.

Dr. W. H. Welch called attention to the statement made by Dr. McBride, that some cases of parenchymatous nephritis were insidious in their origin and development. Dr. Welch believed that a true chronic parenchymatous nephritis was a very rare disease, at least in New York, and that the cases which presented during life the symptoms, and after death the gross appearances, usually ascribed to that form of chronic Bright's disease, "large white kidney", were, in a vast majority of instances examples of a chronic diffuse nephritis. He had not failed to find interstitial changes, particularly thickening of Bowman's capsule, combined with the parenchymatous changes in all of these cases. He would not deny the occurrence of chronic parenchymatous nephritis, but it was extremely rare, and he thought it probable that the cases referred to by Dr. McBride were really cases of chronic dif-

fuse nephritis in which the kidney presented the gross appearances of the "large white kidney" of English writers. With reference to hypertrophy of the heart. It was a very prevalent view that hypertrophy of the heart was almost confined to the small kidney. But while much more frequently found with the small than with the large kidney of chronic diffuse nephritis, it was not so infrequent with large kidneys as was generally supposed. Certainly there were cases in which the symptoms of chronic parenchymatous nephritis were well marked, and in which extensive hypertrophy of the left ventricle existed without valvular lesions; and he believed that he was justified in stating that, in New York at least, hypertrophy of the heart, in connection with the large kidneys of chronic diffuse nephritis, was not a very infrequent occurrence. Among the causes which Dr. McBride had adduced to explain the absence of cardiac hypertrophy in chronic Bright's disease, no mention had been made of the influence of waxy degeneration. It had been pointed out that cardiac hypertrophy was absent in all, or nearly all, the cases of chronic Bright's disease where waxy degeneration was an element, and thus it might aid in making a differential diagnosis. With reference to the relation between disease of the arterial system and the small kidney, there could be no doubt that cases occurred which corresponded to Gull and Sutton's view, but there was not sufficient evidence that all of the cases of small kidney could be brought into that category. The form of arteritis which was present in cases of small kidney was often an obliterating endarteritis, and Dr. McBride, in speaking of endarteritis chronica as a frequent complication of chronic Bright's disease, had left us in doubt whether he referred to this form or not.

Dr. A. L. Loomis claimed that it was hardly possible to speak of the general symptoms of the different forms of degeneration of the kidneys under the single head of "chronic Bright's disease." From a clinical stand-point he had come to regard Bright's disease, if the general term was to be retained, as an affection which manifested itself in those classes of cases.

Dr. McBride, in closing the discussion, remarked that he believed it to be absolutely impossible in all cases to make a positive differential diagnosis between the large and small kidney of chronic diffuse nephritis, and therefore he was com-

pelled to include the large varieties of kidneys in his classification. He again drew attention to the statement which he had made in his paper, that there were cases of chronic parenchymatous nephritis where a positive diagnosis was impossible, and also that the more chronic such cases became, the more likely were they to terminate in chronic diffuse nephritis. With reference to the frequency of lithæmia, gout, and gastro-hepatic disturbances in this country, he had found them extremely common, both in private and in dispensary practice, and all of the observations upon which his paper was based had been made in cases presenting such symptoms. He had not borrowed anything from English writers, except in corroboration of the views he had presented, and the conclusions he had reached from observing cases exclusively in this country. With reference to the absence of symptoms until some accident or intercurrent disease occurred, the fact was mentioned in that part of his paper which he felt compelled to omit on account of time. With reference to the relation of hypertrophy of the heart and the amyloid kidney, he omitted to mention it, because the consideration of the amyloid kidney was not embraced in his paper, although waxy degeneration might be present in the other forms of chronic Bright's disease. With reference to endarteritis chronica, spoken of by Dr. Welch, he said that his subject had been studied simply from a symptomatological stand-point; that we had to deal only with the visible or palpable arteries; and that endarteritis chronica was an element in diagnosis only when appreciable in superficial arteries like the radials and temporals. Furthermore no cases of endarteritis obliterans had been reported in arteries of that size, and, so far as he knew, none had been reported of the retinal vessels, although Gowers had referred to thickening of the retinal arteries, but not obliteration. Dr. McBride thought, therefore, that endarteritis obliterans in the kidney, lungs, and brain had no relation to the subject under discussion. The Academy then adjourned. J.

SUCCESSIVE CYANOTIC INFANTS are reported in as many successive confinements in the case of a woman mentioned in the November 26 number of the British Medical Journal. In all five cases the child died.

REVIEWS.

A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS, designed as a Manual for Practitioners and Students, by Ambrose L. Ranney, A. M., M. D. Second edition, enlarged and revised. New York: William Wood and Company, 1880; W. T. Keener, Chicago.

A practical treatise on surgical diagnosis has long been a *pium desiderium* not only in scientific literature, but also in the practical literature for the use of physicians and students. It was with the hope of having this want satisfied that we received Dr. Ranney's book, but we are sorry to say that after a careful examination, the title page was shown to be almost the only practical portion of the work. On looking over the work more closely, we find a great deal of unnecessary chat, as well as a plagiaristic reproduction from the current handbooks of the common names, subdivisions, and so on, all of which, it is needless to state, can be obtained as well from the handbooks, and for which purpose there is no present need of such a work. Besides all this, which, of course, is harmless, we are sorry to say, that every chapter, and almost every page contains positive errors, a large number of which are important enough to mislead the unsuspecting practitioner and student, instead of helping him in his search after a diagnosis.

On page 345, for instance, we find the following passage: "The protrusion of diaphragmatic hernia can only be detected by the physical signs of local consolidation of the chest and in the median line of the body." It is difficult to see how any of the abdominal viscera that can be met with in a diaphragmatic hernia, can cause any signs of consolidation, that is, dull percussion, when displaced upward into the pleural cavity, because all of them excepting the spleen will necessarily contain more or less gas. If any change in percussion note is observed, it must be tympanitic percussion, in place of the normal clear percussion over a healthy lung. A dull percussion note in this region caused by a diaphragmatic hernia, might be found in cases in which a secondary pleurisy or pneumonia had set in; but this is exceptional, and consequently the sign is entirely wrong when accounted a symptom of diaphragmatic hernia.

On the same page, in the consideration of cough impulse as a symptom of hernia, the

author says: "In the inguinal variety of hernia, if not omental in character, and often in femoral hernia, a peculiar impulse may be perceived within the tumor, if the hand of the surgeon either grasps it or lies in contact with it, and the patient be requested to cough violently." It is a well-known fact that in the great class of hernias in which correct diagnosis is most important, namely incarcerated or strangulated hernias, this symptom, which the author ascribes to the communication of the gas of the intestines in the hernia, with the gas of the intestines in the abdominal cavity, must necessarily be absent, on account of the very fact of the strangulation, for obvious reasons.

On page 346, in considering the condition of the bowels as a symptom of hernia, it is stated that "as long as the bowel acts regularly and performs its proper functions, so long may we safely exclude serious consequences to the patient, even if the tumor be incapable of reduction." This is a very dangerous passage to the unsuspecting practitioner, because it is apt to lead him into an almost criminal negligence of irreducible hernias. The serious consequences of digestive troubles, which it is often entirely out of the patient's power to avoid, can certainly not, as the author is pleased to state, be safely excluded at any time, as it is a well-known fact that every patient with an irreducible hernia lives in constant danger from occlusion, strangulation or inflammation of the latter.

On the line below this, it is said that "hernial tumors are usually reducible if of recent origin." Every intelligent practitioner and the greater proportion of students will perceive the capital error of the author in this assertion, without the statement that old hernias are, as a rule, more easily reducible than those of recent origin, among which we find the greatest number of strangulations. We will leave the subject of hernias now, not because there are no more serious mistakes in this chapter, but simply because it is unnecessary to waste more time and space upon it, as every intelligent reader who has had a little surgical experience will himself be able to detect these errors.

On page 401, in the diagnosis between psoas abscess and femoral hernia, the author states that in psoas abscess "the tumor, if in the thigh, lies outside of the femoral vessels," and that in femoral hernia, "the tumor lies inside of the femoral vessels."

The psoas abscess must pass down along the ilio-psoas tendon, to the lesser trochanter. The contents of the abscess cavity filling up Pettit's triangle from the bottom, will be situated partly behind, and partly interior to, and not, as the author states, outside of the femoral vessels.

A little lower down on the same page, the statement is made that in psoas abscess, "the tumor is fluctuant, if superficial," and that in femoral hernia, "the tumor never fluctuates." That the tumor of psoas abscess is fluctuant if superficial, and as a consequence, not so, if deep seated, depends more upon the author's inability to perceive deep-seated fluctuation than upon its non-existence, as such fluctuation must be present, without fail. That the tumor of a femoral hernia never fluctuates is a statement so manifestly incorrect, that it does not need to be discussed, its mention is sufficient.

On page 238, the author states that in simple intra-capsular fracture of the hip, "ecchymosis is usually slight or absent," and that in simple extra-capsular fracture of the hip, "ecchymosis is usually extensive." Extensive ecchymosis in any of these fractures, visible as discoloration of the skin, is just as likely to be found in one class as in the other, as it will not be caused by hæmorrhage from the point of fracture, but when present, will be due to direct injury to the soft parts exterior to the great trochanter. He also states that in simple intra-capsular fracture of the hip, "swelling is not markedly apparent," but that in simple extra-capsular fracture of the hip the "swelling is frequently severe." Any noticeable swelling around the hip joint is just as often absent in the latter as in the former class of fractures. Like the ecchymosis, it is independent of the fracture, and if present, is due to direct injury of the surrounding soft parts.

All the quotations considered above have been taken at random, and it would be difficult to find a single page in the whole volume free from grave errors. In conclusion we will quote from the author's discussion of the differential diagnosis between ovarian tumors and pregnancy, on page 449, in which he says that the ovarian "tumors is often fluctuant," but that in pregnancy "the tumor is seldom if ever fluctuant." It is difficult to understand what the author means here by "fluctuant." An unsuspecting practitioner might dig his own professional grave if, relying upon such a

statement, he should be led to withdraw the *liquor amnii* by aspiration.

It would be a needless waste of time and space to make any more extended mention of Dr. A. L. Ranney's Practical Treatise on Surgical Diagnosis, but we trust this notice of the work may prevent some undesirable accidents consequent upon this variety of surgical diagnosis falling into the hands of a too innocent or credulous professional reader; a danger which we do not think is very great, since almost every professional reader will be able to judge for himself, as the author has not taken pains to throw any cloak over his capital mistakes. The chief danger in the work is that it is gotten up handsomely by the publishers, with clear, distinct type, on good paper, and so attractively bound as to be correctly classified as a dangerous wolf in a very innocent and beautiful sheepskin.

RACE AND SUICIDE.—Dr. Henry Mosselli, Professor of Psychological Medicine, at the University of Turin, gives the following figures indicating the general average of suicides annually per million of the population: Germans of the South and Centre, or High Germans, one hundred and sixty-five; Germans of the North, or Low Germans, one hundred and fifty; Scandinavians, one hundred and twenty-eight; Celto-Romans, i. e., French and Belgians, one hundred and sixteen; Anglo-Saxons, seventy; Magyars, fifty-two; Flemings, fifty; Slavs of the North, forty-two; Finns, forty; Celts, thirty; Slavs of the South and Slavonians, thirty; Italico-Romans and Latini, twenty-seven. These are general averages. Certain of the races embraced under the foregoing designations present special ratios much higher or much lower than those given. For example, the number per million in Saxony and Saxe-Altenburg is three hundred or over, though the general High German average is only one hundred and sixty-five; and, on the other hand, the rate per million for Ireland is only ten, though the general Celtic race is placed at thirty. It therefore must be obvious that in these statistics there are many possible sources of error.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from Nov. 13, 1881, to Nov. 28, 1881.

McKee, J. C., Assistant Surgeon. The extension of his leave of absence on Surgeon's Certificate of disability granted him in S. O. 189, August 18, 1881, from A. G. O., is further extended six months on Surgeon's Certificate of disability. S. O. 263, A. G. O., Nov. 19, 1881.

McClellan, Ely, Major and Surgeon. Having reported in person at these Headquarters, will proceed to Fort McHenry, Md., and report to the commanding officer for duty. S. O. 204, Dept. of the East, Nov. 17, 1881.

Carvalho, C., Captain and Asst. Surgeon. The leave of absence on Surgeon's Certificate of disability granted him in S. O. 108, Oct. 24, 1881, Dept. of the Platte, is extended five months on Surgeon's Certificate of Disability. S. O. 256, A. G. O., Nov. 12, 1881.

Lauderdale, J. T., Captain and Asst. Surgeon, on discontinuance of McPherson Barracks, Atlanta, Ga., assigned to duty at Jackson Barracks, La., to remain at McPherson Barracks until medical property, for which he is responsible, is disposed of. S. O. 124, Dept. of the South, Nov. 10, 1881.

Byrne, C. B., Captain and Asst. Surgeon, temporarily at McPherson Barracks, assigned to duty at Fort Barrancas, Fla. S. O. 124, C. S., Dept. of the South.

Paulding, H. O., Captain and Asst. Surgeon. Having reported at these Headquarters, per S. O. 240, C. S., A. G. O., will report in person to the commanding officer, Fort Laramie, W. T., for duty. S. O. 118, Dept. of the Platte, Nov. 19, 1881.

Corbusier, Wm. H., Captain and Asst. Surgeon. Granted leave of absence for four months. S. O. 266, A. G. O., Nov. 25, 1881.

Cunningham, T. A., Captain and Asst. Surgeon, Relieved from duty at Jackson Barracks and assigned to duty at Mount Vernon Barracks, Ala. S. O. 124, C. S., Dept. of the South.

Carter, Edward C., First Lieutenant and Asst. Surgeon, to report in person to the commanding General Mil. Div. of the Pacific and Dept. of California, for assignment to duty in Dept. of California. S. O. 263, A. G. O., Nov. 21, 1881.

Coues, Elliott, Captain and Asst. Surgeon. His resignation accepted by the President, to take effect this date. S. O. 260, A. G. O., Nov. 17, 1881.

BOOKS AND PAMPHLETS.

N. Senn, M. D., Milwaukee, Wisconsin. Recent Progress in Surgery. Report to the Wisconsin State Medical Society by the Chairman of the Committee. Reprint from the Transactions of the State Medical Society of Wisconsin.

Edward John Tilt, M. D., 27 Seymour Street, Portman Square, London, England. A Handbook of Uterine Therapeutics and of Diseases of Women. Fourth Edition. Wood's Library of Standard Medical Authors for November. New York: William Wood and Company; 1881; W. T. Keener, Chicago.

E. P. Fowler, M. D., 33 West Fortieth Street, New York City. Suppression of Urine. Clinical Descriptions and Analysis of Symptoms. Ninety-three Clinical Cases with Illustrations, Tables and Diagrams. Paper presented to the New York Medico-Chirurgical Society, December 14, 1880. New York: William Wood and Company; 1881; W. T. Keener, Chicago.

A. D. Rockwell, A. M., M. D., 46 E st Thirty-First Street, New York City. Lectures on Electricity (Dynamic and Franklinic), in its Relations to Medicine and Surgery. New York: William Wood and Company; 1881; W. T. Keener, Chicago.

Thomas Dwight, M. D., 70 Beacon Street, Boston Massachusetts. Frozen Sections of a Child, with Fifteen Drawings from Nature, by H. P. Quincy, M. D. New York: William Wood and Company, 1881; W. T. Keener, Chicago.

Ralph Walsh, M. D., 332 C Street, Northwest, Washington, D. C. Walsh's Physicians' Combined Call-Book and Tablet, from 18— to 18— Sixth edition. W. T. Keener, Chicago.

Ralph Walsh, M. D., 332 C Street, Northwest, Washington, D. C. Walsh's Physicians' Handy-Ledger, a Companion to Walsh's Physicians' Combined Call-Book and Tablet. W. T. Keener, Chicago.

Thomas Cooke, F. R. C. S., 16 Woburn Place, Russell Square, London, England. Tablets of Anatomy and Physiology. Being a Synopsis of Demonstrations given in the Westminster Hospital Medical School in the years 1871, '72, '73, '74 and '75, with an Appendix containing most of the New Discoveries of Importance made known up to the date of Publication. I. Anatomy Complete; II. Physiology Complete. Second edition. London: Longmans, Green and Company, Paternoster Row, 1878.

Abraham Jacobi, M. D., 110 West Thirty-Fourth Street, New York City. Rudolph Virchow: An Address Introductory to the Course of Lectures of the Term 1881-'82. Reprinted from the Medical Record, October 22, 1881.

Leartus Connor, M. D., Detroit, Michigan. The Use of Hot Water in the Local Treatment of Diseases of the Eye. Extract from the American Journal of the Medical Sciences for October, 1881.

W. H. Byford, M. D., 125 State Street, Chicago. The Practice of Medicine and Surgery Applied to the Diseases and Accidents Incident to Women. Third Edition, thoroughly revised and rewritten. With one hundred and sixty-four illustrations. Philadelphia: Lindsay & Blakiston, 1881.

Max Schueller, Griefswald, Germany. Histologische Studien ueber die Mikrokokken des Lupus. Separat-Abdruck aus dem Centralblatt fuer Chirurgie, No. 46, 1881.

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